

Nebraska Partners in Prevention
State Incentive Cooperative Agreement

II. APPLICATION CHECKLIST

I.	Application Cover Sheet.....	1
II.	Application Checklist.....	2
III.	Abstract.....	3
IV.	Coalition Mission, Description and Organization Capacity.....	4-5
V.	Coalition Prevention System Plan	
	A. Assessment.....	6-7
	B. Problem Statement.....	8
	C. Goals.....	9
	D. Objectives.....	9
	E. Outcomes.....	10-11
	F. Strategies.....	11-13
	G. Activities.....	11-13
	H. Implementation Plan.....	14-15
	I. Evaluation.....	15
VI.	Community Substance Abuse Prevention Plan	
	A. Assessment.....	16-19
	B. Problem Statement.....	19-20
	C. Target Population.....	20
	D. Goals.....	20-27
	E. Objectives.....	20-27
	F. Outcomes.....	20-27
	G. Strategies.....	20-27
	H. Activities.....	20-27
	I. Implementation Plan.....	27
	J. Evaluation.....	27-30
	K. Sustainability.....	30
VII.	Management/Staffing Plan.....	31-32
VIII.	Budget and Budget Justification.....	33-44
IX.	Statements of Commitment.....	45
X.	All Stars Senior Documentation.....	46
XI.	Certifications.....	47
XII.	Logic Models.....	48-75

III. ABSTRACT

Region V Systems will serve as the fiscal agent for this proposal, on behalf of The Lancaster County Substance Abuse Prevention Coalition (The Coalition). We are committed to **reducing substance abuse among youth ages 12-17 and to strengthening collaboration to support successful Coalition activities.** We have assessed our existing infrastructure, determining we need to increase our knowledge on evidence-based models, enhance our cultural competency, involve a broader base of representation in the Coalition, encourage more active participation from our ethnic communities, and examine ways to sustain Coalition energy, visibility and financial health.

In analyzing data from four different sources, our **primary problems are the high incidence of alcohol use among Lancaster County youth ages 12-17 , access to alcohol through adults and drinking behavior involving minors.** A second problem is the **high percentage of at-risk youth who engage in advanced ATOD use.**

The Coalition proposes to implement two promising practice programs: **Counter Advertising - Alcohol** and **Saving Lives** to impact environmental change; and two science based strategies, **Creating Lasting Family Connections** and **Leadership and Resiliency** for individual and family programming. (\$250,000)

The community of Malcolm has worked cooperatively with The Coalition in designing their approach. They are part of in Lancaster County's environmental strategies, but have also selected **Communities Mobilizing for Change**, a science based strategy which is more conducive to smaller communities. They will replicate the science based program - **High School All Stars** and promising practice program, **Smart Moves.** (\$49,600).

IV. Coalition Mission, Description, and Organizational Capacity

The mission of The Coalition is to reduce the use of alcohol, tobacco, and other illicit drugs among Lancaster County youth ages 12-17 and to strengthen collaboration to support coalition activities. Our 39 partner agencies, including the community of Malcolm, share this common purpose and have examined our strengths and weaknesses, as well as evaluated our primary problems. All members of The Coalition have signed a Memorandum of Understanding outlining our *principle beliefs* that: to prevent ATOD problems, policy interventions must focus on the availability of alcohol, tobacco, and drugs; active law enforcement is required for effective deterrence; the adult community must be ready to support change if change is to be effective; and the voice of youth must be heard in prevention strategy development. The Coalition has also collaboratively selected Region V Systems as our fiscal agent because of their accountability to the State and excellence in financial management. The Coalition has agreed to include the Malcolm community in our planning process as they develop a strong coalition of their own.

The Coalition was formed in 2001 as a part of a comprehensive Substance Abuse Action Coalition Team (SAAC). Housed under the local Human Services Administration, SAAC is composed of three Coalitions—Prevention, Treatment, and Criminal Justice. The County and over 200 community participants developed a three year strategic plan. *The overall vision of SAAT is to have a community where strong prevention measures prevail and where all people have access to substance abuse treatment.*

The Prevention Coalition serves the Lincoln/Lancaster County area, population 250,291. In two years, The Coalition, with funding from Drug Free Communities, has developed family/school prevention programs, conducted a community readiness survey, held public forums, drug-free youth events, and developed a Youth Leadership Team.

In an effort to strengthen The Coalition itself, subcommittees were formed and gaps in

areas of leadership, capacity and process were prioritized. The Coalition then developed strategies to eliminate the gaps and a timetable by which to accomplish them. Participants are committed to the following roles and responsibilities:

Prevention Coalition, Lincoln, Lancaster County, Nebraska, 60 Members/39 Agencies

Last Name	First	Agency/Entity/Department	Responsibility
Banks	Dennis	Detention Center	Education with high risk youth
Barry	Jermone	Independence Center	Public education
Barry Magsamen	Mary	St. Monica's Treatment Center	Education with adolescents/substance abuse
Bartos	Lorene	UNL Cooperative Extension - Lancaster County	County education programs
Beal	Steve	Lincoln/Lancaster County Health Department (3)	Ethnic minority outreach
Bearskin	Mona	Indian Center, Inc.	Specific high risk population education/referral
Berniklau	Jacque	BEST - Alternative School	High risk education/referral
Boesch	Kit	Lincoln/Lancaster County Human Services	Oversight of SAAT
Burns	Holly	Hispanic Community Center	Specific high risk population education/referral
Caldwell	Steve	Cornhusker Boy Scouts	Material and human resources
Caldwell	William	Lincoln Interfaith Council	Link to faith community
CervantesSalomon	Julie	Heartland Big Brother/B ig Sister (2)	High risk education/referral
Citta	Joy	Lincoln Police Department	Enforcement/data – Lincoln
Combs	Rod	Army National Guard	Funding/resources
Conrad	Jay	Houses of Hope, Inc.	Parenting/adult responsibility education
Crawford	Leslie	Family Service Association of Lincoln	CFAST program/family counseling
Daily	Deb	Center for People in Need (Chair)	Funding and other resources
Dozier	Renee	Families First and Foremost (F3) (2)	Provider of wrap around services
Hansen	Topher	CenterPointe Inc. (2)	Very high risk population surveyed
Heusel	Karen	Lincoln Council on Alcoholism and Drugs (2)	Oversight of drug free activities
Humm	David	County Health Department	Community education/dissemination
Ivory	Chris	Lincoln Medical Educational Partnership	Access to high risk young parents
Johnson	Lea Ann	LPS Community Learning Centers	Locations for SICA activities
Kadoi	Sheila	YWCA of Lincoln	Info to Survival Skills, Teen Parent Center
Lacy	Karen	Malcolm Parents	Coordination SICA grant activities
Losee	Mike	Snitily Carr, Inc.	Media campaign guidance
McDowell	T. J.	Lighthouse, Inc.	High risk population education/referral
Morrissey	Sandy	Region V - Behavioral Health Systems (3)	Technical assistance - prevention
Nannen	Earl	Malcolm Public Schools	Coope rative player with parents
Pancharoen	LeeAnn	Lincoln Action Program (2)	Very high risk population surveyed
Reynoldson	Amy	Region V - Behavioral Health Systems	Technical assistance - prevention
Rowoldt	Steve	Adult Probation	High risk adult population - education
Schultz	Otto	Lancaster County Substance Abuse Action Coalition	Coordination with Drug Free Communities Grant
Shoop	Terri	BryanLGH Medical Center	Public education
Smith	Petra	Cedars Youth Services (3)	Truancy coordination, other high risk youth
Stevens	Ray	Lancaster County Board of Commissioners	Elected officials – leadership
Wagner	Terry	Lancaster County Sheriff	Enforcement/data – Malcolm
Wild	Becky	Lincoln Public Schools	Link to youth, data, parents
Workman	Tom	University of Nebraska - Directions	College Project - data, experience
Zowanachek	Fred	Nebraska Department of Roads	Data/funding

(x) Indicates the number of members from this agency also participating. Due to space these have not been included.

Cultural competency is important in Lincoln, where the ethnic population has gone from 4% to 12% in the past ten years. **We are currently the 14th largest refugee resettlement site per capita in the country.** A focus on bilingual education/media materials (five languages), cultural center representation and in youth led activities, and meeting locations on site at ethnic community centers and churches is essential. Region V systems provides a Cultural and Linguistic Appropriate Services Coalition to identify priorities throughout Lancaster County in interpretations/translation needs.

V. Prevention System Planning

A. Assessment

Prior to implementing the logic model and doing a self-analysis of The Coalition, Lancaster County embraced a full scale planning process known as CSIP (Community Service Implementation Plan). This three-year planning process identified seven areas of high priority needs including Behavioral Health. Behavioral health was defined as prevention, intervention, and treatment services in mental health, substance abuse, developmental disabilities, and sexual health. Within behavioral health, the Substance Abuse Action Team (SAAT) was established with a major focus on prevention. Over 200 people participated in various phases of the plan. The plan was grounded in the six proven federal prevention strategies. We recognized that Lancaster County includes the city of Lincoln, population of 250,297 and 22 smaller rural communities, each with its own strengths, weaknesses, priorities, and political climate.

Our first step was to complete a Community Readiness Assessment Survey (CRAS) to help identify the needs. Using an adaptation of The Minnesota Community Readiness Survey developed by the SEARCH Institute, 5,096 adults (1,897 rural, 3,099 Lincoln, and 97 from key cultural centers) were surveyed. We learned while there was a low tolerance for underage drinking, less than 50% of the adult respondents felt teens actually used alcohol and did not view it as a problem; 59% of the adults admitted youth get alcohol from their own homes or (48%) get an adult to buy for them. Twenty-eight percent said the parents themselves provide the alcohol. This valuable information shed light on the data showing high rates of underage drinking in the three Youth Risk and Behavioral Surveys (1999, 2001,

and 2003). It became clear that prevention plans needed to address the adult role in accessing alcohol for underage drinkers and adult public perceptions of the problem.

The Lancaster County Human Services Administrator facilitated the two-month process to build a stronger prevention coalition using the logic model format. Facilitators, trained by the SICA logic model workshops facilitated the process. Small groups met to discuss each indicator identified under leadership, capacity and process, and the ultimate gap scores. The Coalition prioritized these gaps, developed strategies and a timeline to close them. Approximately 20-25 Coalition members including Malcolm representatives participated in each session.

A Gap Score (GS) of Zero is a strong positive characteristic and six indicates a large gap in the community. Analysis of all three areas—capacity, leadership, and process illustrated our strengths and weaknesses. Under Capacity, we found that although each member brings their own agency resources and a great deal of substance abuse prevention knowledge (both GS =1), we do not collaborate well with resource sharing or leveraging of new dollars for Coalition or project sustainability (GS=4). Members understand the importance of culturally appropriate programs (GS=0), but lack the capacity to implement them (GS=4).

Under Leadership, our strength is in our current membership and our greatest weakness is the same! Our members are very committed to a common vision (GS=0), find “collaboration” to be the backbone of everything we do in Lancaster County (GS-1), and truly believe they can make a difference (GS=0). However, our active Coalition does not in any way reflect the cultural diversity in our community (GS=6). We are mainly reflective of the health, human services, and legal areas and do not have active participation of our key stakeholders and opinion leaders (GS=5).

Under Process, we found our general operations, procedures, and protocols to be organized and consistent (GS=0). While all members do a great deal of program planning (GS=2), it is very clear we do not understand nor do we use evidence-based approaches as a first option when implementing programs (GS=5). Finally, we tend to focus on sustainability of individual programs rather than financial sustainability for the system (GS=5).

Another area of weakness for our Prevention Coalition is the “depth” of The Coalition. While we are 60 members strong representing 39 agencies, we are still missing strong representation from clergy and business. We will need to do separate action planning around this area for our Coalition to be successful.

B. Key Development Areas (Problem Statement)—the Prevention Coalition identified five key areas in which we need significant development. **(1) To gain a comprehensive understanding of the substance abuse prevention services we have including their location, cost, target population, and success indicators to better coordinate and commit our resources.** We also need **(2) to address the knowledge base of our coalition regarding the national standards for cultural competency and linguistically appropriate services given the ethnically diverse populations we serve.**

Currently there are many active non-profit agencies concerned about underage drinking and use of ATOD with youth ages 12-17. However we need **(3) to develop the support and investment of elected officials and key funders at the local, state, regional and national levels.** This will then impact future funding development and public policy.

Another area of development falls under process. It was clear from our preparation in working with CSIP, doing the community readiness survey, and reviewing the logic model that our Coalition members do not consider evidence-based approaches (environmental or

individual) to be our first option when addressing a community problem. Consequently it is no surprise our Coalition does not monitor program data or results to indicate effectiveness. We need **(4) to understand the value behind evidence-based approaches and the logic to know if we are truly making a difference.** The last but very important area of development is sustainability of The Coalition itself. We need **(5) to examine ways to sustain The Coalition's energy, active participation, visibility, and financial health.** We need to develop strategies to increase active membership from these sectors—clergy, business, and the ethnic minority communities.

C./D. Goals and Objectives

Goal #1 To increase the effectiveness of the resources and services of the prevention system.

The Coalition intends to increase the coordination and commitment of our service providers by mapping and analyzing, e.g., (target population, costs, and outcome indicators), 65% of our 39 agencies/organizations, will be involved Year 1. In Year II, we involve 75% and Year III, 85% of our agencies would be committed to the asset mapping process.

Goal #2 To increase the cultural competence of the prevention system, staff, and services.

Over the next 12 months, 75% of our member agencies in the substance abuse prevention system will take cultural competency training and be able to evaluate the level of cultural and linguistically appropriate substance abuse services with which they are involved. In Year II, we anticipate 80% will have taken the training and by Year III, 90% of all member agencies will have someone on their staff trained.

Goal #3 To educate and engage leadership at the local, state, and national levels in changing social norms and public policy to prevent substance abuse. Over the next 12 months, The Coalition will increase the knowledge base of 80% of the local elected officials regarding

their role in prevention of substance abuse among youth 12-17. In Year II, we will focus on State leadership and Year III National leadership.

Goal #4 To increase the effectiveness of the prevention system. In Year I, we will increase 80% of The Coalition member's knowledge and understanding about evidence-based and best practice approaches. In Year II, we will update this knowledge and train 10% additional members. Year III, 100% will understand evidence-based programming.

Goal #5 To sustain The Coalition's energy, participation, visibility, and financial health.

In Year I, we will increase the involvement of our five ethnic community centers by 50%, increase our community visibility and apply for at least three other grants to assist in our financial health. We will also develop a strategic plan to involve our religious organizations and our business sector. In Year II, we will encourage minority faith-based organizations to participate and begin implementation of our strategic membership plan. By Year III, we will have adequate representation from all sectors.

E. Outcomes and Outcome Indicators

We anticipate the following outcomes:

A. Lancaster County Prevention Coalition members will have a comprehensive understanding of our prevention services. Members will have access to a comprehensive picture of our services. In the future, this will also help eliminate unnecessary duplication and enable more strategic investment of resources. By the end of Year I, we will complete an Asset Map of Prevention Services; a Matrix of what and to whom those programs serve; and recommendations for funding and service development. By Year III, 100% of our partner agencies will be committed to collaboration since a written commitment will be a requirement for membership.

- B. Lancaster County substance abuse services will be culturally and linguistically appropriate to meet the needs of our New American, Hispanic, and African American populations. By Year III, 100% of our Coalition members will have received training via Region V Systems. This training will be a requirement for membership.
- C. Local elected officials will assist us in reaching state and national leadership to increase funding, change public policy, and reinforce our substance abuse prevention goals. By Year III, local leaders will help lobby our congressmen for additional dollars; support prevention programs like drug courts and continue to support substance abuse funding with a 3% increase.
- D. By implementing best practice programs our results should indicate success in our overall mission and we should reach our goals and objectives. At the end of three years we should see a decrease in underage drinking; a decrease in fatal car crashes involving youth ages 12-17; and a change in social norms, which promotes healthy environments and prevents substance abuse. Evidence for these changes will be in the NRPFS and in police records of accidents.
- E. By Year III, Lancaster County Prevention Coalition will be vibrant, collective, visionary, and financially healthy with a solid foundation to guide our community in effective programming for many years to come. It will also have an active representation from providers, faith groups, business, health, schools, parents, youth, law enforcement, and ethnic minority centers.

F./G. Strategies and Activities

Goal 1: To increase the effectiveness of the resources and services of the prevention system.

Strategy #1: Increase coordination in prevention services. Activities to accomplish

this include prevention services mapping showing location, accessibility, and target population served. To be successful this will involve all members, must involve the ethnic minority community, and will recognize rural (Malcolm) and Lincoln (rural) differences.

Goal 2: To increase the cultural competence of the prevention system staff and services.

Strategy # 1: Adopt national culturally and linguistically appropriate standard and over the next three years, implementing them in community substance abuse prevention programs. To accomplish this, all individuals working with the prevention system should be trained about these standards and provided technical assistance on how to adopt them into their services. Region V Systems provides such training.

Goal 3: To educate and engage leadership at the local, state, and national levels in changing social norms and public policy to prevent substance abuse.

Strategy #1: Engage public leaders and stakeholders in the process by increasing their knowledge base of information. Activities include finding opportunities for Coalition members to speak out (Kiwanis Club lunches, Lions Clubs breakfasts, City Council Meetings, Chamber meetings). We will also create elected official's orientation packets. Highlighting Lincoln Independent Business Association and the Chamber of Commerce newsletters will increase the knowledge in the business sector.

Strategy #2: Increase Malcolm's Parent Organization by 20% by getting them involved. Local media, school announcements (written) and success stories from targeted programs will help increase participation. Consistent monthly meetings will help, as will asking for new volunteers on certain projects. In a small community, population under 2,000, word of mouth is almost more effective than other media.

Goal 4: To increase the effectiveness of the prevention system.

Strategy #1: Educate prevention system members about evidence and best practice approaches. We will disseminate SICA and SAMHSA and OJJDP materials information.

Training will be provided for The Coalition and we will “report out” on project data and program success each month. Bringing a national speaker, generally free of cost from SAMHSA or the U.S. Department of Education would compliment a year end conference

Goal 5: To sustain The Coalition ’s energy, participation, visibility, and financial health.

Strategy #1: Increase active membership; by securing the commitment of at least 25% of the members to be involved in program implementation, monitoring, fundraising or other necessary committees. Activities like meetings one-on-one to discuss The Coalition reminder calls or calling them the day of the meeting is good. Recruiting new members brings in fresh energy. Memorandums of Understanding (MOU’s) encourage active participation also. Ethnic Minority members will be asked to recruit other minority members and clergy to recruit other clergy, etc.

Strategy #2: Increase community visibility of both the problem and The Coalition.

Theory—they can’t find you if they don’t know you are there! We will make multimedia efforts of highlighting successful programs, represent the Coalition in public meetings, and explore “Brand Marketing” to see if it offers significant benefits to the project.

Strategy #3: Engage multiple financial partners to increase our funding base. Currently we have a Drug Free Communities five-year grant for \$450,000 and a small foundation grant for \$11,500. At the State and Federal levels we will seek grants of \$50,000 to \$1,000,000. Local foundations provide resources in the \$5,000 to \$50,000 range while smaller dollars come from private donations, fundraising events and product sales. The Financial Stability

Committee will develop the funding plan that will support projects and sustain The Coalition.

H. Implementation Plan – Strengthening The Coalition

Step 1: Form a Program Implementation and Oversight Committee (PIOC). Members of PIOC will include Karen Lacy, Chair, President of Malcolm’s Parent Organization; SAAT Coordinator; Region V Prevention Coordinator; Drug Free Communities; NU Directions; and representatives from all SICA related programs. Meeting monthly, PIOC will be a committee of the Prevention Coalition for coordination and mutual assistance among the direct service programs.

Step 2: Form three teams to address growth in capacity, leadership, and process.

Team A—Addresses Resource Identification and Analysis

Activity	Timeline 2004-05
a.) Conduct asset mapping of substance abuse prevention programs.	September – February 2004
b.) Complete a program matrix and analyze it for the community.	January – February 2005
c.) Make service recommendations based on analysis	Published by March 15, 2005
d.) Develop a web based method of updating the Matrix	April – May 2005

Team B—Addresses Membership and Marketing

Activity	Timeline 2004-5
a.) Develop a coalition membership matrix to identify sector gaps	June – July 2004
b.) Develop and implement a plan to fill gaps identified	August – October 2004
c.) Create Prevention Coalition identity (logo, letterhead, motto, etc.)	November – December 2004
d.) Create Promotional materials	December – January 2005
e.) Establish a speakers bureau for the purpose of Prevention Coalition recruitment, project recognition and financial development	February – June 2005

Team C—Addresses Training and Education

Activity	Timeline 2004-05
a.) Hold Cultural Competency classes for PC membership	One training quarterly
b.) Schedule 2 identical seminars in understanding evidence-based programming	Fall- October 2004 Spring – May 2005
c.) Hold a Lancaster County Substance Abuse Prevention Conference highlighting our evidence-based programs.	June 2005

Step 3: Form a Financial Stability Committee by September 2004. This will require additional membership from outside funders, elected officials, regional representatives, and Nebraska Health and Human Services System. Its' function would be to track current funders, evaluate needed funding, and attempt to secure it. Forming and educating the committee will take two months; analysis and search three months; and seeking funds will of course depend on funding sources guidelines/timelines.

I. Evaluation – Prevention Coalition Activities

Programming Evaluation begins on page 15 of the Substance Abuse Prevention Plan. Teams A, B, and C, will report quarterly to the entire Prevention Coalition. A timeline will help facilitate this evaluation and can be handed out at Coalition meetings quarterly.

Activity to be Measured	Baseline (Now)	Projected Result	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	To be repeated Years 2 and 3
Team A							
Asset Mapping of Prevention Services	None	Map 1					
Analysis of Prevention S.A. Services	None	Analysis 1					
Recommendations made public	None	Report 1					
Web based data developed	None	Available					
Team B							
Increase in Prevention Coalition Membership	60 people 39 agencies	75 people 45 agencies					
Number of Active Ethnic Centers	2	5					
Number of Clergy on Prevention Coalition	2	5					
Number of Business Representatives	0	4					
Active Participation of Coalition	50%	85%					
Team B							
Marketing Plan developed and implemented	None	Logo, motto, letterhead					
Create Speakers Bureau and make presentations	None	6/year					
Team C							
Prevention Coalition provides opportunities for competency training	1	4					
Seminars offered in Evidence based programming	0	2					
Lancaster County Substance Abuse Prevention conference	0	1					

VI. Substance Abuse Prevention Plan Assessment:

A. This Substance Abuse Prevention Plan addresses all of Lancaster County (LC) with four strategies plus three additional strategies for a selective target population in Malcolm Public Schools. LC is primarily urban, with 22 cities and villages and comprises the state's 2nd largest metropolitan area, with 250,291 residents. It is a vibrant and growing community with young people (0-17) comprising 23.5% (58,771) of the population (cf. target population). Malcolm is in LC and has a population of 437 (234 students in grades 7-12) with limited services and opportunities for youth.

We completed analysis of four primary data sources to determine the need in LC: (1) The Nebraska Risk and Protective Factor Student Survey (NRPFS 2003) of at-risk youth ages 12-17 years, from 11 human service agencies and Malcolm Schools. (2) The Lincoln-LC Youth Risk Behavior Survey (YRBS 2003) measures the prevalence of health-risk behaviors of 1,100 youth grades 9-12. Data for Malcolm Public Schools across categories was consistent with that of the County's NRPFS and the YRBS. (3) The LC Community Readiness Adult Survey (CRAS 2002, sample 5,096) measured perception and attitude among adults about ATOD use as well as risk and protective factors among youth ages 12-17. (4) Juvenile Justice and Law Enforcement data were analyzed for youth in LC.

Data Source	male	female	Caucasian	Hispanic	African American	Asian	Native American	Sample size
LC NRPFS	57%	43%	64.5%	7.3%	15.6%	8%	11.8%	265
Malcolm NRPFS	64.1%	35.9%	91.9%	4%	.7%	1.4%	2%	151
CRAS	47.6%	52.4%						

Drug and Alcohol Usage Data analysis shows that underage drinking is a problem in LC and use of street drugs is significant. The NRPFS shows that there is a high rate of alcohol use among youth in LC with a significant increase of ATOD use among youth transitioning into 10th grade. Increases were as follows: 30.6 to 71.7% alcohol, 13.9 to 58.3% marijuana, 0 to 11.7% hallucinogens 0 to 11.5% meth, and 0 to 11.7% cocaine. The NRPFS and the YRBS both indicate a 73% lifetime use of alcohol. Nearly one half

(44%) of adult respondents on the CRAS indicated that they had often/very often observed teens drinking in public. The YRBS shows that 29% of youth were engaged in episodic heavy drinking. Street drug usage was significant for at-risk youth with a lifetime use of 60% marijuana, 15% inhalants, 26% hallucinogens, 25% meth and 31% cocaine. Data from the NRPFS and the YRBS showed a significant correlation between marijuana use for at-risk youth and the general youth population. The NRPFS for the entire state indicates a significantly lower incidence of street drug use among other youth.

Access to Alcohol and Location of Consumption: CRAS data indicated an adult perception that of easy access to alcohol: sneaking it from their or a friend's home (59%), getting an adult to buy it for them (48%), buying it themselves (28.3%), parents providing it for them (28%) and getting it in a bar (27%). The NRPFS supported the perception that one of the primary modes of access to alcohol is through someone 21 years or older (45%), or drinking with an adult present (22%).

Risk Factors on the NRPFS were poor family management, perception of peer use, low commitment to school (all moderate to high risk), laws and norms favor use and perceived availability of drugs (moderate risk). Protective Factors indicated some availability of alternative activities and opportunity for skill development. Data showed low levels of buy-in to issues of moral order. Concerns for this population were noted across all four of the domains (family, school, individual, community).

The NRPFS shows that at-risk youth had a high incidence of Antisocial Behavior. 52% of youth had been arrested, 42% rode with someone who had been drinking, 39% had been suspended from school, 35% drank and drove, 31% attacked to harm and 23% were high or drunk at school. The NRPFS for the state shows a significantly lower incidence of antisocial behaviors except for drinking and driving behavior. These data are supported by the YRBS with 18% of youth who drank and drove, as well as 37% (both past 30 days) who were a passenger with a drinking driver. These data demonstrate a disconcerting trend and a significant risk.

The results of the NRPFS showed several disturbing trends in Malcolm as well. 72% of students reported opportunities for pro-social involvement but only 54% of Seniors did. 73% indicated strong protective factors in family attachment. Although these are indicators of good protective factors, overall there was a noticeable drop after transition to high school with family domain protective factors falling below state norms. Of greatest concern was the high incidence of youth alcohol use. 83% of high school youth reported using alcohol, while youth, in 6th and 8th grade, were well below state average reporting only 20%. Over half of the students reported riding with a drinking driver (54%), and 39% reported drinking and driving. Both of these indicators are well above state averages. Our last concern is youth access to alcohol. The number of students who obtain alcohol from someone 21 or older, from their home, or a family member, and with or without their parent's permission was above the state averages.

Contextual Conditions Prevention measures have been expanded to reduce the availability of ATOD to youth ages 12-17. Compliance checks are conducted and current trends show increased compliance by businesses. In 2003 we supported a number of policy changes such as raising alcohol and tobacco taxes. Over the past 3 years law enforcement and other community initiatives implemented new strategies and articulated the urgency of ATOD use as a concern. Efforts need to continue as demonstrated by a 4% increase in drunk driving between 01/02 and 02/03, a 22% increase in narcotics arrests. Moreover, the CRAS demonstrated a notable discrepancy between youth self-report usage rates and the much lower proportion of adults who felt that substance use was a serious problem. We have also seen a disturbing increase in methamphetamine arrests in the first quarter of 2004. We began the Malcolm Action Coalition due to a number of serious local crisis situations. School, parents, youth, churches, government, and other organizations have joined together to address the current problem. There is no consistent prevention programming, and there seems to be a persuasive attitude among youth and adults that underage drinking is an accepted way of life and that it has been done for generations. Until the

coalition was founded there was no community involvement in prevention programming or parent education.

Existing Resources: LC has an excellent reputation and history of working collaboratively, and young people are clearly a priority. In recent years, all major governmental and child-serving agencies have joined forces on juvenile issues. We have an extensive infrastructure of planning processes, resources, private and public support systems that are collaborative and complimentary. These systems have made substance abuse prevention a priority allocating resources in support of our mission. We evaluated our current system and chose programming for this plan that is complementary to current efforts. In Malcolm all current community prevention programming is school based. The programs include DARE, Red Ribbon Week, All Stars and Project Alert. Below are primary prevention systems with available resources.

Agency	Amount	Role in the SICA Substance Abuse Prevention Plan
Members for each of the below prevention agencies currently serve as TA or a leadership role on the Coalition. They provided extensive expertise in the evaluation of our current system and their careful analysis of existing programming aided in the selection of the strategies for this plan. Many serve on the Coalition's Program Implementation Team and will play a key role in the implantation of the programs.		
County Prevention Dollars (various agencies)	\$207,612	TA, Sustainability Planning, Sub Team Participation, Coalition Membership, Training
LCAD	\$166,405	TA, Sustainability Planning, Clearing House for Prevention Materials, Gant Writing, Program Implementation, coalition membership, training.
Prevention Dollars		
Drug Free Communities (5 years)	\$450,000	
Demand Treatment	\$60,000	
Malcolm School District	\$ 5,000	TA, Community Planning
Lincoln Council on Alcoholism & Drugs – Community Readiness Survey	\$ 11,500	A source of our current data analysis. LCAD is currently perusing a grant to complete this survey again in 2004 for another benchmark analysis within 6 months of plan implementation.
Lincoln Public Schools ALL Stars	\$37,500	A school based program that can be accessed and linked for a mass media campaign under Counter Advertising
UNL – New Directions (9 years)	\$1,200,000	Planning, implementation, peer activities, peer education
Boy Scouts	N/A	Training Programs, Adventure Activities,
Nebraska National Guard	N/A	In kind, TA, meeting space, activity space, special events, Human Resources, Training Programs, Access to Media, Campgrounds

B. Problem Statement: For both the County and the State there is a high rate of substance use among youth and associated risk behaviors/concerns. The most significant substance related issues include the high rate of ***consumption of alcohol*** among youth (73%); easy access to alcohol (45%), with 22% ***consuming in the presence of adults or parents***; the significant percentage of ***youth that drive under the influence*** (18%, past 30 days) ***or ride with someone that has been drinking*** (35% past 30 days). A primary problem among at-risk youth is that as many as 73% have used alcohol and street drugs.

Environmental Contributors include a high incidence of *antisocial behavior, family management problems, low commitment to school and a perception that peers use drugs and alcohol.* In Malcolm also, high numbers of youth have used alcohol, ridden with a drinking driver, drove and drank themselves, and the source of their alcohol is adults over 21, home and family members. There appears to be a strong cultural norm that supports underage alcohol use.

C. **Target Population:** We identified three primary target populations for this grant: (1) Youth ages 12-17 in LC (Environmental Strategies), (2) at-risk youth identified from the client population of 11 agencies, and (3) selective youth in Malcolm Public Schools. The primary target populations, ages, categories and characteristics are documented in the logic model.

D./H. **Goals:** LC identified three major prevention goals: **Goal 1:** To decrease underage drinking of 12-17 year olds in LC. **Goal 2:** To decrease the high incidence of 15-17 year olds driving under the influence, and decrease incidence of youth ages 12-17 who are riding with a drinking driver. **Goal 3:** To decrease alcohol and street drug use among at-risk youth ages 14-17. Universal strategies were selected to address a broader population of underage alcohol related problem behaviors, and individual programs that increase protective factors, resiliency and reduce family problem behaviors. We hope to achieve a long-term effect on ATOD use among the at-risk population since resiliency research shows that outcomes can be sustained over a lifetime. **(See logic model for objectives, outcomes/indicators, strategies and activities).** *Malcolm identified three primary goals: **Goal 1:** To decrease alcohol use by minors. **Goal 2:** To decrease the incidence of youth riding with someone or driving under the influence. **Goal 3:** To decrease youth's access to alcohol. Selected strategies directly address accurate beliefs about peer norms, risk factors, resistance skills, strengthen peer leadership, increase bonding to youth with healthy beliefs, educate the community about the risks of providing alcohol to youth, create policies that discourage use and limit youth's access.*

Strategies: To address LC goal # 1 we will implement a Universal Environmental Promising Program: ***Counter Advertising Alcohol***. **Sub-strategies** include a Media Campaign and Warning Labels. LC proposes to add an education component regarding the consequences for providing youth with access to alcohol in addition to consequences of use. We believe this change has the potential to enhance outcomes since it is an addition rather than a content change. In accordance with the Guidance Document (p.26), Counter Advertising (CA) will retain all program core concepts and will assure fidelity of content and implementation. The proposed adaptations involve enhancements to strengthen the community based education component. LC will work closely with the developer of the program on implementation and ensure the original fidelity of the design. Counter Advertising utilizes a combination of **activities** including radio, television, web based, billboard, poster, and magazine campaigns, information dissemination about alcohol, its effects, and the negative consequences for making alcohol available to minors. Counter Advertising Alcohol is a **new program** for LC. The **theory** of the program is to counter the effects that alcohol advertising may have on consumption and related behaviors. Broadcast and advertising are both types of counter advertising that use the Elaboration Likelihood Model as a theoretical framework. **Desired outcomes** are achieved by persuading target populations to change their attitudes and behaviors through "a central and peripheral route." Like any strategy, its use with diverse populations requires careful deliberation and adaptation to achieve a **culturally competent approach**. Adaptations will be tailored for specific cultural groups in the way they *utilize media* and the *ways that media depicts and targets* them. Appropriateness of language will be a consideration in implementation. We will collaborate with **Cultural Centers** to carefully *evaluate* specific targeted populations for each activity and translate materials as necessary. We are committed to implementing developmentally **appropriate approaches** for our target audience. They are specifically susceptible and are often the target audience of advertising and media. The *content and the method of delivery will be adjusted* and updated depending on the specific age of the target audience. CA is a universal strategy and targets all of LC (including Malcolm) with a target population of 12-

17 year olds and an additional component regarding consequences for providing alcohol to minors for those 21 and older. We believe that results of targeting a selective adult population who provide alcohol to minors will have considerable effects regarding community norms and perceived availability of alcohol.

Strategies: To address LC goal # 2 we will implement a Universal Promising Program: **Saving Lives.** This is a community mobilization effort to reduce alcohol-related impaired driving and related problems. **Sub-strategies** utilized include enforcement, beer keg registration, a Media campaign and community and peer education programs. Since our identified community needs pertain to alcohol related driving behavior, we have chosen those activities that work best on targeted behaviors. We chose the following **activities:** Media campaigns, peer education, business information programs, speeding and drunk driving awareness days, and police training. **This program is a significant expansion of some limited strategies that already exist in the community.** LC completes liquor outlet surveillance, beer keg registrations, alcohol free prom nights, and facilitates a college prevention program. We will actively work with these programs and ensure a coordinated comprehensive future effort in implementing *Saving Lives*. We currently have peer-led education (2) and Students against Drunk Driving (1) Chapters. We will coordinate activities with these groups and assist with the development of chapters at numerous additional high schools. The **theory** of the program is to involve local governments, youth and citizens in *Saving Lives*. This method will increase the effectiveness of laws designed to reduce drunk driving. Research has shown that laws designed to reduce the problem behavior are most effective when accompanied by active education and enforcement at the local level. According to MADD president Katherine Prescott: "*Saving Lives* results suggest that comprehensive community action can enhance reductions in alcohol-related fatal crashes, above and beyond the passage of drunk driving laws. These findings reinforce the importance of what we can all accomplish as private citizens." **Outcomes** are achieved through increased enforcement of drinking and driving laws, collaboration with law enforcement, private and public institutions and specific methods toward perceived norms for ATOD use. As with Counter Advertising—Alcohol **cultural,**

developmental and language approaches are similar. Please refer to that section for these approaches. Saving Lives is universal and will target LC with a primary target population of 15-17 year olds who drink and drive and 12-17 year olds who ride with someone who has been drinking. The program also targets those 18 and older. We believe that a program that also targets a universal adult population will have considerable effects regarding community norms, perceived availability of alcohol, setting clear expectations on youth and thus reduce alcohol consumption, and drinking and driving behavior.

Strategies: To address LC goal # 3, LC will implement 2 Science Based Individual Model Programs Leadership and Resiliency (LRP) and Creating Lasting Family Connections CLFC. Both programs address individual, family, school and community domains. Strategies of LRP include community connection, skill building and education. We will implement a structural change for this program. We will facilitate the resiliency group in the community at agency sites rather than at schools. All other program components maintain their original structure. We received permission from the developer to implement the structural change. Karen Scudder, Prevention Coordinator supports the change and agreed to provide TA. We are not expecting any changes in the evaluation design and will measure the designed outcomes. In accordance with the Guidance Document (p.26), the LRP replication will retain all program core concepts and will assure fidelity of content and implementation. The proposed adaptations involve empirically based enhancements to strengthen culture-relevance, maximize participant retention through community site support, and bolster long-term sustainability. The change is proposed because we plan to target at-risk youth in their community settings. LRP activity components include resiliency groups, community volunteer experiences and alternative/adventure activities. LRP is a new program. The theory addresses extreme risk factors using clinical prevention strategies derived from science-based prevention research. Strategies identify and enhance internal strengths identified through research as predictive of future success and adaptation in life. Outcomes are achieved by addressing the internal strengths of desire and ability to feel and understand the needs of others, help others, delay gratification, focus on the

future; internal locus of control; ability to genuinely accept one's circumstances; strong sense of self-efficacy; sense of humor; and the ability to take appropriately managed risks. LRP is linguistically and developmentally appropriate and created specifically for our target population. This is critical for successfully generating positive outcomes and for reinforcing positive developmental goals. A drug-free lifestyle at that age is especially important. LRP has been implemented with diverse cultural populations: African, American, Caucasian, Asian, Hispanic and Middle Eastern. LC has been experiencing a growing population of Asian, Hispanic and Middle Eastern youth. LRP will be an ideal addition to cultural programming that already exists. We will collaborate with ethnic center staff in implementing the program content. Participants are connected with agencies that provide culture specific support, events and on-going connections that can be maintained even after completion of the program. We will also train facilitation staff on the five essential elements for culturally competent staff.

Core strategies of CLFC are focused on lasting family connections and include community-based education, parent education and skill building. CLFC is a new prevention effort and utilizes activities that include group education of six modules (3 for youth and 3 for parents). Parent participation enhances outcomes since families improve their ability to provide a nurturing environment in a more effective and meaningful way through personal growth, increased self-awareness, expression of feelings, interpersonal communication, and self-disclosure. Improved social skills, refusal skills, knowledge of the effects and consequences of alcohol and drug use, and healthy beliefs provide a strong defense against risk factors. The theory of the program is based on research showing that many youth have internal protective resiliency factors that appear to moderate negative effects and successfully resist persistent exposure to risk factors. Outcomes are achieved since the program is designed to reduce risk factors and increase protective factors through the provision of skill building activities on family management, family enhancement, and communication. CLFC is developmentally appropriate and created specifically for the youth, ages 12-15. Adult learning has been taken into consideration as the parental module was

developed and successfully implemented. This program has been evaluated with a population of Caucasian and African American. However, the curriculum has been implemented with a variety of populations including Hispanic, Asian, and Native American and program materials have been translated into Spanish. This fits our target population and ethnic distribution of the community very well. **In addition we propose to increase cultural competence** by collaborating with local ethnic and community centers in implementing the program content. We anticipate utilizing the Hispanic Center for a community site to implement the Spanish translation of the program. We will train facilitation staff on the five essential elements for culturally competent staff.

Strategies: To address Malcolm goal #1 we will implement a Science Based Individual Model Program, **ALL STARS Seniors** and a Promising Individual Program, **Smart Moves.** **Detailed Sub Strategies and specific activities for both models are** documented in the logic model. Please refer to the model for this information. All Stars Seniors is a **new program.** This program was not on the approved list, however is scheduled to receive the final evaluation for a science based program in May 2004. Attached you will find a summary of the research in accordance with the Guidance Document. The **theory** is based on that if you allow youth to examine the accuracy of their own attitude and beliefs about peer norms regarding substance abuse they will accurately assess the validity of their own perceptions. This is followed by strong encouragement of family, teacher, school and community prosocial bonding through activities and ongoing interactions that reduce risk factors for youth to engage in substance abuse. **Outcomes** are achieved through individual, peer, family and school involvement: Providing continuous prevention efforts can have long-term benefits. Adding this component of All Stars will reinforce continuation of skills for students making the transition from Junior to Senior High. All Stars has been tested in a wide variety of **cultural** environments. To increase cultural competence we will train facilitation staff on the five essential elements for culturally competent staff. **Developmentally** we needed something different for our high schools students. All Stars curricula consider how students are physically, mentally,

emotionally and socially different. Transition from middle school to high school is a time of stress and susceptibility to risk factors. All Stars Seniors is specifically developed for this transition population and considers the unique developmental characteristics of our targeted age group. For example it specifically addresses “civil disobedience” and increasing tendencies to question authority.

The SMART Moves is a new program and its theory is based on resistance training and the social skills model. The program uses small group activities to teach young people how to resist media influences and peer pressure. Outcomes are achieved through a series of activities that are designed to reduce stress (a catalyst for substance use), improve communication skills, develop assertiveness and resistance training, and begin to preparation for valuable life planning. It has been successfully implemented with cultural groups of African American, Latino, and Caucasian. In addition, a parent component (FAN) positively affects outcomes for the youth target population by involving creating stronger families and helping parents influence their children to live drug-free lives. We will also train facilitation staff on the five essential elements for culturally competent staff. **Developmentally**, it targets three groups in the 10-17-age range.

Strategies: To address Malcolm goal # 2 and 3 we will implement one Science Based Environmental Program: Communities Mobilizing for Change (CMCA), in addition we will also utilize Smart Moves for specific objectives in goal # 3 (addressed in the above section). CMCA is a new strategy that targets ages 13-17. The theory of CMCA is based on research showing how the social and policy environment impede underage drinking. Community members of all ages band together addressing policy, community norms, and individual problems associated with substance abuse. **Outcomes** are achieved through communities addressing data-driven needs/priorities affecting substance abuse problems and developing a plan for increasing protective factors and decreasing risk factors. Outcomes include a reduction of 18-20 year olds who provide alcohol to minors. **Strategies** are (a) building a strong SADD group, (b) increased law officers at sports events, (c) and speakers to adults and youth who show the legal

liabilities and other consequences of purchasing alcohol for minors. **Culturally and linguistically**, it was tested with similar audiences. Adult and youth components are the same. In addition we will train facilitation staff on the five essential elements for culturally competent staff. As with Counter Advertising—Alcohol **cultural, developmental and language approaches** are similar. **Please refer to that section for these additional approaches.**

Science Based Budget Consideration: The prevention plan budget consists of 50.5% funding for Science Based Programming and 49.5% with 10% allocated to the evaluation of the project.

I. **Implementation Plan:** A detailed implementation plan is located on the Logic Model (starting on page 105). Even though there are considerable numbers of objectives in our plan we believe, as reflected in the model through responsibility sharing and delegation, that we are able to achieve them.

Lancaster County assures that we will use a validated method for obtaining data on youth access to substances and community risk and protective factors that is compatible with and comparable against data collected for the applicant's baseline assessment. We likewise assure that we will comply with all state and national evaluation efforts and requirements.
--

J. **Local Evaluation Plan:** The first two sections of the evaluation plan explain both the implementation of the process evaluation and information utilization for the CQI Process. The process evaluation component is two-fold and will provide ongoing feedback to the Project Director. It will facilitate the continual improvement and effective implementation of all aspects of the project. Network Survey of County Level Coordination & Collaboration will be conducted using a triangulated approach that will include (1) observation, (2) document review, (3) informal interviews with coalition members and community stakeholders, and (4) a detailed quantitative network survey. We will use this information to assess the extent and types of interagency coordination, and collaboration. We will use a mixed-method systems change study to help us understand the implementation of each program, policy and campaign and its effects on the three systems change goals: (1) enhancing coordinated planning and programming, (2) use of research-based practices, and (3) resource enhancement within LC. This phase of the evaluation will involve the use of (1) Three open-ended telephone interviews with the SICA Coordinator and Coalition

Chair. (2) Three open-ended telephone interviews with each of 3-5 key stakeholders at the county level, such as agency directors and staff, key community members, and other persons involved with county-level prevention efforts. (3) Two closed-ended (quantitative) surveys of three agency directors identified within LC as "most involved" with ATOD prevention. (4) Data extraction from key documents, including: County ATOD plan, Coalition Planning Meeting Minutes, and SICA coordinators' progress reports.

In summary, the process evaluation will use methods to gather information to include observation, key program and stakeholder interviews, and surveys, record and document reviews and monitoring timeliness of all activities with respect to implementation plans. Questions will be asked about personnel and staffing, types of programs offered, characteristics of participants, level of participation and parental involvement, methods used for retention, benchmarks and obstacles as well as asking youth and family participants about their perceptions of the program. Our coalition realizes the importance of ensuring the use of a validated data collection instrument and methodology for obtaining data on youth access to substances and community risk and protective factors in order to ensure comparability to the data collected for the applicant's baseline assessment. Consequently, in addition to the comprehensive progress evaluation outlined above, the evaluation plan includes an assessment of youth ATOD-related outcomes for both the countywide population and the targeted at-risk population. This will involve assessing the extent to which the proposed programs, policies and campaigns influence the identified risk and protective factors associated with youth's ATOD use as well as the actual level of substance use.

The Outcome Evaluation will involve several steps. (1) We will strictly adhere to each program's proven and validated evaluation instruments and methodologies. (2) We will also assess programs targeting the at-risk youth using a research-based, quasi-experimental design with before-after comparison groups (Cook & Campbell, 1979; Rossi & Freeman, 1993).

Because the at-risk youth being targeted are agency-based we will use a multistage sampling using agency, family, and youth. Assessments will be made using agency-based clusters designed around

the program-specific curricula and goals. We will assess comparison groups who are also served by the agencies to provide comparative data. Equivalency of the program and comparison groups will be established by ensuring that the same recruitment criteria are used for both program and comparison participants and by using demographically based statistical controls in a nested model analysis. Participants will be assessed prior to program implementation, upon completion of the program and again at 6 and 12 month follow-ups. We will also attempt to collect follow-up data on all evaluation participants, regardless of their program retention status. Participants who drop out of a program will be tracked for the 12-month evaluation period. We will obtain data from a second implementation of the NRPFS (2006) in the 11 service agencies. This survey collected our baseline data. The environmental strategies target the entire of LC and will be assessed using: (1) A validated adult community perceptions survey to assess community perceptions of youth's use and access to ATOD. An initial survey was conducted in 2002 to provide the community with baseline data. This survey will be completed again in 2004 & 2006 to assist in assessing changes in overall community perceptions and beliefs regarding youth substance use. Funding for the 2004 and 2006 surveys is being sought from local community foundations. County-level data from the Youth Risk & Behavior Survey will be collected in 2003 and 2005. Data will be used to track changes in reported use of ATOD and related risk behaviors. A core set of archival social indicators that are *empirically* related to alcohol and drug abuse prevalence will be collected at county and state levels. The use of archival indicators to supplement survey data is a valid method of gaining estimates of alcohol and drug use prevalence. Archival indicators, together with self-reports of alcohol and drug use and related risk factors will allow us to determine the impact of prevention efforts on prevalent risk factors at the local level. The indicators were selected, in part, because of their ability to measure the risk and protective factors described in the social development model according to Catalano and Hawkins (1996) and because they supplement data collected in the YRBS by providing information at a different level of analysis. This in turn, increases the accuracy of estimates by providing another measure of the construct of interest. Social

indicator methodology has two advantages over survey methods: (1) social data are easily obtained and (2) they are objective. This data will allow us to assess temporal trends in risk factors and alcohol and drug use in a cost-effective manner. There are two categories of substance abuse indicators that are of interest to the current project: indirect and direct. Indirect indicators are typically broad measures of socio-demographic and socioeconomic factors that do not necessarily have a direct cause-and-effect relationship with substance abuse. Direct indicators or outcomes are measures that are generally accepted social consequences of substance abuse. Both direct and indirect indicators will be collected and reported on an annual basis. Several of CSAP's core measures are included in the evaluation plan for the proposed project. YRBS data will provide countywide measures of lifetime use, 30-day use, age of onset, and binge drinking. NRAPFS will provide targeted measures for identified at-risk youth for the above measures as well as antisocial behaviors, attitude, perceived risk/harm, school and family bonding, and community-level social support. The community perception survey provides community-wide normative belief data regarding adult perceptions of youth substance use as well as community support for prevention efforts. Data from program specific evaluation components will provide detailed information on family attachment, family management, family involvement and decision-making, parenting practices and family composition. Finally, social indicator data on law violations will provide some indication regarding local level laws and enforcement.

In addition to level of involvement and other participant factors, the following process objectives will be measured: the extent to which programs were offered; extent to which programs were both high intensity and comprehensive in attempts to effectuate behavioral and attitudinal change, extent that programs involve a coalition of participant organizations. Finally, as a SICA grant recipient from the State, we will ensure that we remain in compliance with all state and national evaluation efforts and requirements.

K. Sustainability Plan

You will find program sustainability clearly and completely addressed in the budget section (pages 60-63). How we plan to sustain our outcomes is fully addressed in the evaluation section (pages 27-30).

VII. Management and Staffing Plan

Region V Services will provide fiscal management and oversight. Its Executive Director, C.J. Johnson will also oversee the project. The Prevention Coalition is voluntarily facilitated by an elected chair (Deb Daily). As coordinator of the County SAAT team, Otto Schultz will continue to staff (half-time) the Prevention Coalition. All other participants are volunteers.

The Prevention Coalition will have culturally representative committees for each of **three areas of focus**. **Focus A** will be the overall program management of the Drug Free Communities Grant and the SICA programs. Karen Lacey of Malcolm will facilitate the **Program Implementation and Oversight Committee**. It will consist of 15 people, each of whom has roles and responsibilities of program management. They include representatives from: Region V; SAAT—Coordinator; Snitley Carr, with its staff of 43, project media advisor; Malcolm School and Parents Organization; UN-L's Prevention Coalition; and program directors (both stipended and volunteer) from each of our identified program strategies. Its focus will be to note the progress of each program monthly and give direction in handling opportunities, successes and barriers.

Focus B is development. **The Prevention Coalition Development Committee** will consist of 30 coalition members who serve on one of three teams. The 1) *Resource Identification and Analysis Team* will ensure that activities occur to meet our community's needs for high quality prevention. The 2) *Membership and Marketing Team* will increase active and diverse membership and determine ways to market our activities to the community at large. 3) *The Training and Education Team* will coordinate training on cultural and linguistic competency with Region V, develop plans to educate the community about evidence-based programming, and plan an annual conference highlighting our achievements. Each team will select its own

structure. Deb Daily will chair the overall **Prevention Coalition Development Committee** in her role as chair of the Prevention Coalition.

Focus C will be the work of **The Financial Stability Team**. It will consist of five local funders; the SAAT Coordinator, and the Directors of Lincoln Council on Alcoholism and Drugs (LCAD) and Region V. We will also utilize the grants manager for Lancaster County and the fiscal director for Region V as strong resource people. This smaller team will meet quarterly. Kit Boesch, County Human Services Administrator, will facilitate the team. Their goal will be to secure ongoing as well as new funding for the issues of preventing substance abuse among youth ages 12-17.

Resumes for the following key players in the SICA planning process have been included. They reflect the largely European heritage of this community. C. J. Johnson, MSW, LMHP, CEO, Region V, will oversee the project. Deb Daily - Prevention Coalition Chair Woman, facilitates meetings of the Prevention Coalition and will coordinate the three teams. Otto Schultz, M. Div., Registered Prevention Generalist, Substance Abuse Action Team Coordinator will coordinate with the Criminal Justice and Treatment Teams. Kit Boesch, M. A., County Human Services Administrator will navigate barriers to process and opens doors to elected officials. Karen Heusel, M. Ed., CEO of LCAD. LCAD is the community wide agency for substance abuse prevention education. Paul Van de Water, BA, Finance Director for fiscal agent Region V Systems has been in his position for the past 13 years and handles millions of dollars annually. Brittawni Olson, MA, Independent Evaluator is the contracted evaluation specialist. Karen Lacey, BA, President of the Malcolm Parent Organization will facilitate the Project Implementation/Oversight Committee. Mike Losee, MA, Marketing Director, Snitily Carr, will oversee all media activities.

NEBRASKA PARTNERS IN PREVENTION PROJECT BUDGET SUMMARY

Enter all budget category totals for "Funds Requested" in the appropriate line items in the "State Incentive Cooperative Agreement" funds column (column B) of the Project Budget Summary. Enter any other project revenue sources from other funding streams in columns C through F on the Project Budget Summary form. Sum up all project cost categories across funding streams and enter totals across the bottom of the table, as well as in column G.

Coalition/Organization						
Lancaster County Substance Abuse Prevention Coalition						
Project Title:		Amount Requested:		Project Beginning Date:		Project Ending Date:
Partners in Prevention		\$299,600		June 1, 2004		May 31, 2005
A Cost Categories/Source	B State Incentive Cooperative Agreement	C Other Federal Funds	D Other State Funds	E Client Fees	F Other Funding	G Total Project Budget
Personal Services	\$ 67,500	\$ 5,625				\$ 73,125
Operations	193,000	15,000	\$5,000		\$19,650	232,650
Travel					189	189
Other Expenses	39,100				500	39,600
Totals	\$299,600	\$20,625	\$5,000		\$20,339	\$345,564

**Nebraska Partners in Prevention
Project Budget: Revenue and Expenses**

A. Personnel Costs

Personnel Positions (Direct Cost Only) 6/1/04-5/31/04	Annual Salary Rate	No. Mos. Budget	% of Time	Source of Funds	
				Applicant and Other (Identify)	Requested from SICA
Project Manager *	\$30,000	12 mo	75%		\$22,500
Financial Management	\$50,000	12 mo.	30%		\$15,000
Evaluation Services	Contract	12 mo	10% of grant		\$30,000
% of Fringe *	25%			\$5,625/DFC	
Category Subtotal				\$ 5,625	\$67,500

DFC= Federal Drug Free Communities Grant

B. Operating Expenses

Operating Expenses by Category (Direct Cost Only) 6/1/04 -5/31/05	Source of Funds	
	Applicant and Other (Identify)	Requested from SICA
Direct Coalition Expenses	\$ 5,000/LCAD	\$ 3,600
Saving Lives Program	\$ 5,000/SHP	\$10,000
Counter Advertising Alcohol	\$10,000/DFC	\$44,700
Community Mobilization for Change	\$ 5,000RF/\$8,400/PO	\$18,300
Creating Lasting Family Connections		\$55,000
Leadership and Resiliency	\$ 5,000/ANG	\$51,500
High School All Stars	\$ 1,250/In-kind	\$ 5,000
Smart Moves		\$ 4,900
Category Subtotal	\$39,650	\$ 193,000

LCAD= Lincoln Council on Alcoholism/Drugs

SHP=State Highway Patrol

DFC= Drug Free Communities Grant RF/PO=Rand Foundation/Parent Organization

RF/PO=Rand Foundation/Parent Organization

ANG=Army National Guard

MHS=Malcolm High School

C. Travel

Itemized Travel Expenses (Direct Cost Only) 6/1/04 - 5/31/05	Number of Days/Miles	Rate of Reimbursement	Source of Funds	
			Applicant and Other (Identify)	Requested from SICA
Malcolm Parents Organization	30 miles x 20 meetings	\$.315/mile	\$189.00	
Category Total	600 miles	\$	\$189.00	

D. Other Expenses

Other Expenses 6/1/04 - 5/31/05	Source of Funds	
	Applicant and Other (Identify)	Requested from SICA
Volunteer Stipend for Leadership	\$500/RWJ	\$17,500
Training Materials-		
Connecting Lasting Family Connections		\$15,000
Leadership & Resiliency		\$ 6,500
Smart Moves		\$ 100
Category Total	\$ 500	\$39,100

VIII. Budget Justification

I. Budget Line Item Justification

A. Personnel Costs

Our overall Project Manager will have the responsibility of coordinating Malcolm and Lancaster County projects, incorporating Drug Free Communities funding/projects, and ensuring all program components get implemented as designed. Due to volunteer stipends for project leadership, and committed Coalition member agencies, we believe a .75 FTE position (75% of \$30,000) = \$22,500 will provide adequate administrative oversight. Benefits of 25% (\$5,625) will be paid via the Drug Free Communities Grant. The Coalition Project Manager will be a combined position with the Drug Free Communities Grant Coordinator.

The Finance Manager, Paul Van De Water, of Region V Systems has been with the Region for 13 years and manages approximately \$13 million of State funds each year. We estimate 30% of his time or \$15,000 would be split, \$12,500 to manage Lancaster County funds and \$2,500 to manage Malcolm funds. This also comes out to 5% of the total request for each community.

Evaluation services were required at 10% of the grant. Ten percent of Lancaster County (\$25,000) and 10% of Malcolm's request (\$5,000) totals \$30,000. Brittawni Olson, M.A. and evaluation specialist conducted both the Community Readiness Survey and the SICA survey to our high risk youth. Her continued evaluation services will bring consistency and continuity to our progress reports.

B. Operating Expenses

Direct Coalition operating expenses were equally included for the Lancaster County Coalition and the newly forming Malcolm coalition/parent organization. Costs for printing, postage, meeting space, and materials were figured at \$150/month X 12 months = \$1,800 X 2 groups = \$3,600.

Each of the selected programs was either researched on the internet or contacts were made with their identified resource personnel. Training and material costs for these programs can be found under Category D—Other Expenses. All other operating costs are based on similar campaigns or on exact recommendations from program resource people.

Saving Lives (\$10,000)

Saving Lives will seek a \$5,000 grant from the State Department of Roads to join a \$10,000 request from SICA to develop public education materials on underage drinking and driving. We will utilize materials from both the Saving Lives campaign and the State Highway Patrol and use the campaign throughout Lancaster County including Malcolm. The \$5,000 from the Department of Roads will be used to provide media spots in different languages including: Spanish, Vietnamese, Arabic, Bosnian and Russian. All other activities in Saving Lives the County already does so the challenge will be better coordination and data collection at no additional expense.

Counter Advertising—Alcohol (\$44,700)

Counter Advertising – Alcohol will engage Snitily Carr Inc., a marketing firm in a county wide campaign, estimated to cost \$44,700. This compares project costs with similar persuasive/public policy campaigns such as Let Em Play, \$40,000 (reducing violence in youth sports) and “There’s No Excuse”, \$60,000 (domestic violence campaign). Five

thousand dollars (\$1,000 per language—Vietnamese, Spanish, Bosnian, Arabic, Russian) of this amount has been set aside for translation of materials. Youth led activities under the Drug Free Communities Grant will supplement this campaign from a student perspective. Drug Free Communities Grant match of \$10,000 has been included.

Community Mobilizing for Change (\$18,300)

Community Mobilizing for Change is a Malcolm project. To implement this project the Malcolm Parents Organization submitted a chart of the following detailed expenses:

Speakers for Students Against Drunk Driving	\$ 500
Building a strong SADD Organization	\$ 1,000
(2) Alternative Drug Free Youth Activities	\$ 2,000
Off duty law enforcement officers (basketball and football games) 5 games @ \$100 each	\$ 500
Fifth quarter activities	\$ 2,000
Recognition program	\$ 500
Speakers – Booster Club Sporting Events	\$ 2,000
June Jam	\$ 1,000
End of School Quarter Speakers	\$ 2,000
Project ALERT (supported by the Rand Foundation) – Food/T-shirts	\$ 200
Electronic Media Sign at School (\$8,400 to be raised by local companies + PTO)	\$ 6,600
Match will include the Rand Foundation funding, \$5,000 worth of in-kind project funding and \$8,400 to be raised by the community. Lancaster County will include the costs of evaluation in our budget.	
Combined Totals	\$18,300

Creating Lasting Family Connections CLFC (\$55,000)

Materials include five training manuals, 25 participant books and five poster sets for \$1,475. We will need two sets = **\$2,950**. Staffing costs include two facilitators for six months, four hours each = 48 hours, two programs at two sites = 192 hours plus preparation time for each class/facilitator (32 hours) = 224 hours X \$20/hour = \$4,480 for youth. And the same calculation for the parents groups = \$4,480 for a total staffing cost of **\$8,960**. The training

support for CLFC is **\$4,500** (cost, travel, lodging, expenses for two trainers). Program service costs run \$17,500 for 40 families; we anticipate 20-25 per session X 4 sessions or 80-100 families = **\$35,902**. We added \$2,688 for child care for younger siblings while youth (12-17) and parents are participating = 192 hours of classes X 2 workers X \$7/hour = **\$2,688**. Total cost of bolded areas = \$55,000.

Leadership and Resiliency (\$51,500 SICA)

These figures cover costs sighted by SAMHSA under their science-based programs description. The draft budget includes Consultation and Information (\$1,000), LRP license and manual (\$150), required three day workshops (\$10,000), Project/Data Management (\$5,600), Printing/Postage of materials for youth (\$5,000), and Direct Service activities with kids (\$25,000). We also added \$4,750 for translation of parent materials into different languages as needed. In addition, the Army National Guard will support his project with in-kind staff time, material resources, and mentoring for our high risk youth. While this is difficult to quantify at this time, an estimated \$5,000 would be low, in staff time alone. \$10/hour X 2 staff X 10 hours/month X 12 months = \$2,400. In-kind use of rope course, campgrounds, equipment for 40 youth at \$50/youth = \$2,000. Food for youth will be donated = \$600 (40 youths X \$5/person X 3 events = \$600). Total = \$5,000 donation. Cornhusker Boy Scouts Council has also volunteered to assist. They own a new building, have built a “climbing wall,” own their own campgrounds, and can volunteer older leaders as role models/mentors. We did not quantify these resources in the proposal although; we believe they would mirror the Army Nation Guard. Again, training and training materials are covered in, D. other costs, for this program.

High School All Stars (\$5,000)

The All Stars program is already very successful in Malcom's public schools. They would like to expand it to the high school with the latest adaptations coming from Tanglewood, the company of ownership. Malcolm's teachers are already trained although \$500 has been set aside for updated technical assistance. Packets cost \$175 (25 students) and they would require 24 packets this first year or \$4,200 (600 students). Add \$500 for the technical assistance and \$300 to promote the program = \$5,000. In addition, Malcolm teachers are already trained and donating their time. Time is estimated at 25 hours of teaching and preparation, at \$25/hour for two teachers = \$1,250 of in-kind time.

Smart Moves (\$4,900)

Smart Moves is a program Malcolm will replicate which involves technical support and program materials for only \$3,500. Additional purchase of training materials is only \$100 (see D. Other Costs). \$1,400 will cover monthly youth activity costs and parent education materials.

C. Travel

As the Lancaster County Coalition is located in Lincoln we have no travel expenses. Malcolm representatives will pay their own way to Coalition meetings, quarterly SICA meetings and the Conference (20 meetings X 15 mile each way X government rate of \$.315/mile), or \$189.

D. Other Expenses

We will reimburse a volunteer parent for their time because 100% of the Malcolm organization is working parents. We are seeking \$2,500 for Saving Lives Coordination and \$2,000 for Snitily Carr to assist them in media development. In addition, Lancaster County believes if we had \$5,000 stipend for a volunteer to coordinate Saving Lives and \$8,000 for

Snitily Carr guidance we could manage with a 75% overall project manager. In the long run this (a) involves more active leaders, (b) reduces the workload of the Project Manager, and (c) provides better program oversight. Total stipends—\$17,500. Twenty-one thousand six hundred dollars (\$21,600) has been allocated for project appropriate training materials: \$15,000 for CLFC; \$6,500 for Leadership and Resiliency; and \$100 for Smart Moves.

II. Documentation of Science Based and Promising Strategies

Program Only	Costs	Science Based	Promising Strategies
Saving Lives	\$ 7,500		\$ 7,500
Counter Advertising	69,700		69,700
Community Mobilization	18,300	\$ 18,300	
CLF Connections	70,000	70,000	
High School All Stars	5,000	5,000	
Smart Moves	5,000		5,000
Leadership/Resiliency	58,000	58,000	
Program Costs	\$233,500	\$151,300	\$82,200
	100%	64%	36%

Science based programs constitute 64% of our total program budget and 50.5% of the overall combined proposals of \$299,600 for Lancaster County and Malcolm. If we add administrative costs for finance, project oversight, and evaluation these costs would be at minimum evenly divided so there would be no change.

III. Ability to Leverage Resources (Material, Human and Financial)

Lancaster County and many of its partner agencies have a strong commitment to finding ongoing funding for successful projects. We have established long term relationships with several national funders and are building the knowledge base of local funders. Below is an example of funds received and sources which address substance abuse prevention and treatment in Lancaster County.

For example:

Agency	Amount	Source
County Prevention Dollars (various agencies)	\$207,612	Region V Systems
Lincoln Council on Alcoholism & Drugs – Prevention Dollars	166,405	Region V Systems
Lincoln Council on Alcoholism & Drugs – Drug Free Communities (5 years)	450,000	SAMHSA
Malcolm School District	5,000	Rand Foundation
Lincoln Council on Alcoholism & Drugs – Demand Treatment	60,000	R W Foundation
Lincoln Council on Alcoholism & Drugs – Community Readiness Survey	11,500	Lincoln Community Foundation
Lincoln Public Schools ALL Stars	37,500	Safe & Drug Free Schools
UNL – New Directions (9 years)	\$ 1.2 million	R W Foundation

In addition, we leverage human resources and linkages from within our partner agencies. For example: Rod Combs, Army National Guard, and Steve Smith, Cornhusker Boy Scouts have access to training programs, campgrounds, and manpower. Ethnic community centers can offer space, access to families, and translation services, and interpreters.

IV. Financial Management

Region V Systems has an outstanding fiscal director, Paul Van De Water. Paul has 13 years on the job and administrates an average of \$13 million per year. During this time period Region V has had all error free audits. His position requires tracking State, Federal, and County dollars to contract non profit agencies.

V. Sustainability Plan

A. The Prevention System

Please also refer to the Sustainability Plan located in the Coalition Logic Model. Sustaining the local Prevention system requires (a) securing support from elected officials, (b) gaining buy-in by the local Funder’s Group, (c) maintaining a vibrant coalition to keep members engaged, and (d) developing a policy system of how new money will include ongoing administration assistance.

Elected officials currently endorse the SAAT plan and the goals and objections of the Prevention Coalition. Quarterly updates, invitations to special events, and crediting them with public policy changes will maintain that support. Newly elected officials receive an orientation packet and a one on one conference to bring them into the fold of ongoing support.

The local Funder's Group is composed of all local public and private foundations, United Way, the City of Lincoln, Lancaster County, and the Lincoln Public School Foundation. We will update them at their monthly meetings to lay the groundwork for continued local funding.

Sustainability is also about maintaining a vibrant Coalition. When members/agencies are actively engaged in progress and positive change, they increase their participation and enthusiasm. We will have bi-monthly meetings of the Coalition with project teams meeting in-between. Coalition meetings then report on the status, success, and problems in all projects. Once a year a "celebration" occurs promoting a person, object, or agency which has been outstanding in its efforts and contributions. Little things like tee-shirts to Coalition members (as well as the Teen Prevention Planners) give everyone a sense of belonging to a group with purpose.

A system of utilizing new dollars is already in place using the SAAT team as a model. All new grants that address substance abuse prevention must include an administrative fee for over all Coalition coordination. For example, we are seeking a five year SAMHSA grant for a combined \$1.8 million. If successful 10% (\$180,000) or approximately \$36,000 annually would flow to cover Prevention Coalition costs. Size does not matter. We will seek \$10,000 to do a follow-up Community Readiness Survey, and \$1,000 (10%) will be for Coalition coordination.

B. Program Sustainability

Its one thing to say we will seek expanded funding during three years of potential SICA support. But other avenues of sustainability are just as important. First, we considered programs which significantly enhanced current efforts and that will continue because high-cost training has been completed. Modest continued materials cost to sustain a successful program. Local

contributors like service groups, churches, and individual donors can afford the modest material cost and it will continue.

Training for programs like Leadership and Resiliency and education programs like cultural competency and evidence based initiatives can be incorporated into the programming of local prevention agencies. The Drug Free Communities has helped Lancaster County make substance abuse prevention programming a priority. Prevention is a part of its larger Community Services Implementation Plan; many aspects of the community are committed to its implementation. Groups outside prevention service agencies, such as the Boy Scouts, or the National Guard are becoming more committed to this issue. Other innovative programs in truancy and youth in transition carry huge prevention messages. New dollars like Nebhands at the University of Nebraska-Lincoln helps increase a community behavioral health prevention focus with more faith based organizations. Teamwork with law enforcement, treatment, and criminal justice teams is just beginning.

Lincoln Council on Alcohol and Drugs (LCAD), Region V Services, and Drug Free Communities staff work collaboratively providing and locating new prevention dollars for substance abuse. In fact, Region V Systems is shifting their focus from prevention dollars in general, to utilizing them for evidence-based programming.

Lancaster County, Lincoln Council on Alcoholism and Drugs, and Region V Systems have assisted in completing this proposal and have agreed to continue to provide information about funding opportunities, and assist in writing for dollars.

The Coalition increases its visibility, private donors, fundraising, and special events will become a valuable option.

By 2007 we anticipate having raised \$1 million for substance abuse prevention services.

A good measure of stability would be:

Amount	%	Source
\$ 225,000	22.5%	Local Community, Business, Untied Way, Foundations
\$ 275,000	25%	State and Local Government Dollars (incl. SICA funds)
\$ 375,000	37.5%	Continued grant funds
\$ 125,000	15%	Fundraising and Special Events
\$1,000,000	100%	

To ensure this goal is met and funding continues from current sources over the next three years a Financial Stability Team will be convened quarterly by the Lancaster County Human Services Administrator. On the team will be United Way, the City Council, Lancaster County Board, Lincoln Council on Alcohol and Drugs, Region V Systems, the fiscal directors from Region V Systems and Lancaster County, and the SAAT Coordinator.

IX. Statements of Commitment

Region V Systems
Lancaster County Board of Commissioners
Malcolm Public Schools – Elementary
Malcolm Public School – High School
Lincoln Police Department
Lancaster County Sheriffs Office
Malcolm Community Action Coalition
Lincoln Council on Alcoholism and Drugs, Inc.
City of Lincoln/Lancaster County Human Services
Asian Community and Cultural Center
Hispanic Community Center
CEDARS Youth Services
Community Services Initiative—Lincoln
Boy Scouts of America
Lincoln Action Program
State of Nebraska – Military Department – Drug Demand Reduction
Lincoln Public Schools
Center for People in Need
Snitily Carr
Nebraska Office of Highway Safety
Capital Human Society
NU Directions
Boys and Girls Clubs of Omaha
Child Guidance Center

X. Attachment for All Stars Senior Science Based Documentation

(All Stars Senior was not listed on the Guidance Document. The Program is scheduled to complete its final Accreditation for a Science Base Program in May 2004.)

XI. Subrecipient Certifications

- Certification Regarding Lobbying
- Certification Regarding Environmental Tobacco Smoke
- SubGrant Terms and Assurance

LANCASTER COUNTY LOGIC MODEL PREVENTION SYSTEM STEPS (1) THROUGH (8) GOAL #1

Step (1) Problem identification and Data Analysis: Data Collection and analysis for Lancaster County shows that alcohol related issues are priority concerns for youth ages 12-17. The analysis of several data sources shows the following:

Nebraska Risk and Protective Factor Survey for Lancaster County at risk youth 2003	Community Readiness Adult Survey 2002	2003 Lancaster County Youth Risk Behavior Survey	Juvenile Justice Data 2004
<ul style="list-style-type: none"> <u>Seven out of every 10 (73%) teens reported ever drinking alcohol.</u> <u>45% of youth obtained alcohol from someone 21 or older.</u> <u>22% drank with an adult present.</u> <u>45% drank at someone else's house.</u> <u>Lancaster County youth are at moderate to high risk for perceived peer use and perceived availability of alcohol.</u> 	<ul style="list-style-type: none"> <u>52% reported seeing teenagers (12-17) drink alcohol in public "very often" or "often"</u> <u>59% felt that it would be "a little" or "not difficult at all" for 12-17 years olds to access alcohol from their own or a friend's home.</u> <u>48% felt that it would be "a little" or "not difficult at all" to get an older person to buy alcohol for teens 12-17 years old.</u> <u>37% felt that it would be "a little" or "not difficult at all" to obtain alcohol from their parents.</u> <u>28% felt that parents provided the alcohol.</u> 	<ul style="list-style-type: none"> <u>Seven out of every 10 (73%) teens reported ever drinking alcohol.</u> <u>29% of youth reported that they engaged in episodic heavy drinking.</u> 	<u>14% of all juvenile law offense tickets referred to juvenile diversion (2002/2004) were alcohol related tickets.</u>

Step (2) Target Population				
Program	Target Population	# of Youth	IOM Category	Specific Characteristics of the Target Population
Counter Advertising	Youth in Lancaster County 12-17 years of age	<u>22,608</u>	Universal	Total Lancaster County juvenile population ages 12-17 years are at 22,608 with an approximate gender distribution of 55.7% male and 44.3% female with 79% Caucasian, 4.1% African American, 1.2% American Indian, 3.5% Asian, <1% Pacific Islander, 2.5% Other, 4.3% two or more races, and 5.4% Hispanic, with six primary second languages spoken (Spanish, Russian, Vietnamese, Arabic and Bosnian; a total 8.8% speak a foreign language). A high percentage of these youth abuse alcohol, engage in alcohol related drinking and driving behavior, and are exposed to a high number of adults that provide them with access to alcohol. 10% live below poverty levels.

Step (3) Goal 1: To decrease underage drinking of 12-17 year olds in Lancaster County.

Step (4) Objectives	Step (5) Outcomes	Step (6) Strategies	Step (7) Activities	Step (8) Outcome Indicators
(1) To reduce the number of youth ages 12-17 who obtain alcohol from someone 21 years or older.	(1) By May 30, 2007 the number of Lancaster County youth who report that they have gained access to alcohol through someone 21 or older will decrease by 10%.	<u>Implement Counter Advertising Alcohol:</u>	Radio and Television Campaigns	<u>The number of youth who report that they have gained access to alcohol through someone 21 or older</u> will decrease by 4% by 5/30/05 will decrease by 8% by 5/30/06
(2) To reduce the number of youth ages 12-17 who are permitted to drink with an adult present.	(2) By May 30, 2007 the number of Lancaster County youth who report that they drank with an adult present will decrease by 8%.	<u>Education:</u> Public education of alcohol use, effects and consequences.	Multimedia Campaigns that include billboards, posters, magazines, radio and television. A Mass Media Campaign that is linked to a school-based prevention intervention.	<u>The number of youth who report that they drank with an adult present</u> will decrease by 2% by 5/30/05 will decrease by 4% by 5/30/06
(3) To reduce the perception of youth ages 12-17 about perceived peer use and perceived availability of alcohol.	(3) By May 30, 2007 the number of youth who report perceived peer use and perceived availability of alcohol will decrease by 10%.	Public Education about the consequences of providing minors access to alcohol.	Warning labels	<u>The number of youth who report perceived peer use and perceived availability of alcohol</u> will decrease by 3% by 5/30/05 will decrease by 6% by 5/30/06

Step (4) Objectives	Step (5) Outcomes	Step (6) Strategies	Step (7) Activities	Step (8) Outcome Indicators
<p>(4) To decrease the number of adults who feel that it is “a little” or “not difficult at all” for 12-17 years olds to access alcohol from their own or a friend’s home.</p> <hr/> <p>(5) To decrease the number of youth ages 12-17 who engage in alcohol consumption.</p> <hr/> <p>(6) To reduce the number of youth who are referred to Juvenile Diversion for alcohol related tickets.</p>	<p>(4) By May 30, 2007 the number of adults who report that it would be “a little” or “not difficult at all” for 12-17 years olds to access alcohol from their own or a friend’s home will decrease by 15%.</p> <hr/> <p>(5a) By May 30, 2007 the number of youth who report heavy episodic heavy drinking will decrease by 5%.</p> <p>(5b) By May 30, 2007 the number of youth who report a lifetime use of alcohol will decrease by 8%.</p> <hr/> <p>(6) By May 30, 2007 the number of youth who are referred to Juvenile Diversion for alcohol related tickets will decrease by 3%.</p>	<p><u>Implement Counter Advertising Alcohol:</u></p> <p><u>Education:</u></p> <p>Public education of alcohol use, effects and consequences.</p> <p>Public Education about the consequences of providing minors access to alcohol.</p>	<p>Radio and Television Campaigns</p> <p>Multimedia Campaigns that that include billboards, posters, magazines, radio and television.</p> <p>A Mass Media Campaign that is linked to a school-based prevention intervention.</p> <p>Warning labels</p> <p>This program reduces risk factors of:</p> <ul style="list-style-type: none"> - Favorable attitudes toward substance abuse - Community laws and norms favorable toward alcohol use <p>This program increases protective factors of:</p> <ul style="list-style-type: none"> - Bonding to a community that supports healthy beliefs and clear standards 	<p>(4) <u>The number of adults who report that it would be “a little” or “not difficult at all” for 12-17 years olds to access alcohol from their own or a friend’s home will decrease</u></p> <p>by 5% by 5/30/05 by 10% by 5/30/06</p> <hr/> <p>(5a) <u>The number of youth who report heavy episodic heavy drinking will decrease</u></p> <p>by 2% by 5/30/05 by 4% by 5/30/06</p> <p>(5b) The number of youth who report a lifetime use of alcohol will decrease</p> <p>by 3% by 5/30/05 by 6% by 5/30/06</p> <hr/> <p>(6) The number of youth referred to Juvenile Diversion for alcohol related tickets will be reduced</p> <p>by 1% by 5/30/05 by 2% by 5/30/06</p>

LANCASTER COUNTY LOGIC MODEL PREVENTION SYSTEM STEPS (9) THROUGH (11) GOAL #1

Step (7) Activities	Step (9) Outputs	Step (10) + (11) Implementation Plan and Process Indicators												
Counter Advertising		Process Indicator	Jan 04-07	Feb 04-07	Mar 04-07	Apr 04-07	May 04-07	Jun 04-07	Jul 04-07	Aug 04-07	Sep 04-07	Oct 04-07	Nov 04-07	Dec 04-07
Media Campaign	Signed contracts with advertisement firm	Prevention Coordinator and Region V Finance Office establish contracts with advertisement firm to aid in development of campaigns						6/1/04						
	# of campaigns and ads Planning campaign meeting documentation Marketing plan Approximate # of people reached	Contractor, Prevention Coordinator, Project Implementation Team, Guidance Counselors, Coalition Members, and Student Councils will develop strategies and implement a marketing plan including campaigns and advertisements	1/1/05 School based Campaign		3/1/05 Public Announce-ment Campaign							10/1/04 Radio Campaign		12/1/04 TV Campaign
	Updated Campaign plan Evaluation Report # of outcomes achieved	Prevention Coordinator, Evaluator, and Contractor will refine, re-evaluate, and update Campaign			3/1/05									
	Evaluation Report from convenience sample spot surveys	Prevention Coordinator, Contractor, and Evaluator will conduct convenience sample spot surveys to assess the degree to which people recall seeing specific campaigns and advertisements				4/1/05								

LANCASTER COUNTY LOGIC MODEL PREVENTION SYSTEM STEPS (1) THROUGH (8) GOAL #2

Step (1) Problem identification and Data Analysis: Data collection and analysis for Lancaster County shows that drinking and driving behavior is a priority concern for youth ages 12-17 in Lancaster County. The analysis of several data sources shows the following:

<u>NRPFS for Lancaster County at-risk youth</u>	<u>Community Readiness Adult Survey 2002</u>	<u>2003 Lancaster County Youth Risk Behavior Survey</u>	<u>Law Enforcement Data 2001 and 2003</u>
<ul style="list-style-type: none"> 42% rode in a car with a driver that had been dirking. 35% reported driving after they had been drinking 21% drank in a car 	61% of respondents felt that alcohol and other drugs contributed to crashes or injuries involving 12-17 year olds "very often" or "often"	<ul style="list-style-type: none"> Nearly 35% of teens reported that within the past 30 days they had been riding in a car with a driver who had been drinking. Nearly 18% of teens reported that within the past 30 days they drove after drinking 	<ul style="list-style-type: none"> In 2003 10% of all alcohol related care accidents in Nebraska involved drivers between the ages of 16-18. In 2001 Lancaster County experienced over 5,000 injuries and 23 fatalities related to traffic accidents. 43% of fatalities were alcohol related. Lancaster County had 8,234 total car crashes in 2002. Drivers in the youngest age bracket (15-24) had the highest percentage involvement of all groups in both crashes (34.8%) and fatalities (28.7%). In 2002 alone, 23 youth under the age of 19 were killed in alcohol related crashes, 438 were injured.

Step (2) Target Population				
Program	Target Population	# of Youth	IOM Category	Specific Characteristics of the Target Population
Saving Lives	Youth in Lancaster County 15-17 years of age (objective 2) Youth in Lancaster County 12-17 years of age (objective 1)	8,873 22,608	Universal	Total Lancaster County juvenile population ages 12-17 years are at 22,608 with an approximate gender distribution of 55.7% male and 44.3% female; with 79% Caucasian, 4.1% African American, 1.2% American Indian, 3.5% Asian, <% Pacific Islander, 2.5% Other, 4.3% two or mores races, and 5.4% Hispanic; with six primary second languages spoken (Spanish, Russian, Vietnamese, Arabic and Bosnian; a total 8.8% speak a foreign language). A high percentage of these youth abuse alcohol, engage in alcohol related drinking and driving behavior and are exposed to a high number of adults that provide them with access to alcohol. 10% live below poverty levels.

Step (3) Goal 2: To decrease the high incidence of 15-17 year olds driving under the influence, and youth ages 12-17 who are riding with someone who has been drinking.

Step(4) Objectives	Step (5) Outcomes	Step (6) Strategies	Step (7) Activities	Step (8) Outcome Indicators
(1a) To reduce the number of youth ages 12-17 who report that they have been riding with someone that has been drinking.	(1a) By May 30, 2007 the number of youth ages 12-17 who report that they have been riding with someone who has been drinking will decrease by 10%.	<u>Implement the Saving Lives Program</u> <u>Enforcement:</u> Enforcing Beer Keg registration, liquor outlet surveillance	Media Campaign Business Information Program Speeding and Drunk Driving Awareness Days Police Training	(1a) The number of youth ages 12-17 who report that they have been riding with someone who has been drinking will decrease by 5% by 5/30/05 by 8% by 5/30/06
(1b) To reduce the number of youth ages 12-17 who report that they have been riding with someone that has been drinking in the past 30 days.	(1b) By May 30, 2007 the number of youth ages 12-17 who report that they have been riding with someone who has been drinking within the past 30 day will decrease by 15%.	<u>Education:</u> Peer Education Media Campaign	HS Peer-led Education College Prevention Program Alcohol-free Prom Night Beer Keg Registration Increasing liquor outlet surveillance	(1b) The number of youth ages 12-17 who report that they have been riding with someone who has been drinking within the past 30 days will decrease by 5% by 5/30/05 by 10% by 5/30/06

Objectives	Outcomes	Strategies	Activities	Outcome Indicators
<p>(2a) To reduce the number of youth ages 15-17 who drive under the influence.</p> <p>(2b) To reduce the number of youth ages 15-17 who drove under the influence of alcohol in the past 30 days.</p> <hr/> <p>(3) To reduce the number of minor youth ages 12-17 who are involved in alcohol related car crashes.</p>	<p>(2a) By May 30, 2007 the number of youth ages 15-17 who report that they drive under the influence of alcohol will decrease by 10%</p> <p>(2b) By May 30, 2007 the number of youth ages 15-17 who report that they drove under the influence of alcohol in the past 30 days will decrease by 6%</p> <hr/> <p>(3) By May 30, 2003 the number of youth ages 12-17 who are involved in alcohol related car crashes will decrease by 10%</p>	<p><u>Implement the Saving Lives Program</u></p> <p><u>Enforcement:</u></p> <p>Enforcing Beer Keg registration, Liquor outlet surveillance</p> <p><u>Education:</u></p> <p>Peer Education Media Campaign</p>	<p>Media Campaign</p> <p>Business Information Program</p> <p>Speeding and Drunk Driving Awareness Days</p> <p>Police Training</p> <p>HS Peer-led Education</p> <p>College Prevention Program Alcohol-free Prom Night</p> <p>Beer Keg Registration</p> <p>Increasing liquor outlet surveillance</p>	<p>(2a) By May 30, 2007 the number of youth ages 15-17 who report that they drive under the influence of alcohol will decrease</p> <p>by 3% by 5/30/05 by 6% by 5/30/06</p> <p>(2b) By May 30, 2007 the number of youth ages 15-17 who report that they drove under the influence of alcohol within the past 30 days will decrease</p> <p>by 2% by 5/30/05 by 4% by 5/30/06</p> <hr/> <p>(3) The number of youth ages 12-17 who are involved in alcohol related car crashes will be reduced</p> <p>by 3% by 5/30/05 by 8% by 5/30/06</p>

LANCASTER COUNTY LOGIC MODEL PREVENTION SYSTEM STEPS (9) THROUGH (11) GOAL #2

Step (7) Activities	Step (9) Outputs	Step (10 and (11) Implementation Plan and Process Indic.												
Saving Lives		Process Indicator	Jan 04-07	Feb 04-07	Mar 04-07	Apr 04-07	May 04-07	Jun 04-07	Jul 04-07	Aug 04-07	Sep 04-07	Oct 04-07	Nov 04-07	Dec 04-07
Media Campaign	Signed contracts with advertisement firm	Prevention Coordinator and Region V Finance Office establish contracts with advertisement firm to aid in development of campaigns						6/15/04						
	# of campaigns and ads Campaign planning meeting documentation Marketing plan Approximate # of people reached	Contractor, Prevention Coordinator, and Coalition Members will develop strategies and implement a marketing plan including campaigns and advertisements		2/1/05 school based campaign						8/1/04 radio campaign		10/1/04 TV campaign		12/1/04 PA Campaign
	Updated plan Evaluation Report # of outcomes achieved	Evaluator and Contractor will Refine, Evaluate and update Campaign					5/1/05 5/1/06							12/1/04 12/1/05 12/1/06
Business Information Program	Prevention Outreach Program for businesses and their employees	Prevention Coordinator, Program Implementation Team, Business Reps, and Drug Demand Reduction Rep (National Guard) will develop prevention outreach program with businesses and their employees							7/1/04					
	# of businesses # of people reached	Prevention Coordinator, Drug Demand Reduction Rep, and Personnel Directors will implement Business Information Program in 30 businesses	1/1/06 16 businesses	2/1/05 6 businesses 2/1/07 26 businesses	3/1/06 18 businesses	4/1/05 8 businesses 4/1/07 30 businesses	5/1/06 20 businesses	6/1/05 10 businesses	7/1/06 22 businesses	8/1/05 12 businesses	9/1/04 2 businesses	10/1/05 14 businesses	11/1/06 24 businesses	12/1/04 4 businesses
	Evaluation Reports	Prevention Coordinator and Evaluator will evaluate and refine Business Information Program					5/1/05 5/1/06							12/1/04 12/1/05 12/1/06

Speeding and Drunk Driving Awareness Days	# of awareness days # of staff and participants involved # of planning meetings and documentation	Prevention Coordinator, Drug Demand Reduction Rep, and Law Enforcement will coordinate 3 Speeding and Drunk Driving Awareness Days									5/15/04 5/15/05 5/15/06 coordinate with timing of campaign announcements			
	# of pledges from youth participants Evaluation Reports	Prevention Coordinator, Drug Demand Reduction Rep, and Evaluator will evaluate community impact									5/15/04 5/15/05 5/15/06			
Police Training	Training curriculum developed # of trainings # of officers trained	Prevention Coordinator and LPD Trainer will develop curriculum and coordinate trainings every 6 months					5/1/05 5/1/06 5/1/07						11/1/04 11/1/05 11/1/06	
	Knowledge gain as measured by pre/post test surveys	Prevention Coordinator, LPD Trainer, and Evaluator will evaluate curriculum and trainings					5/1/05 5/1/06 5/1/07						11/1/04 11/1/05 11/1/06	
High School Peer-led Education	Number of peer led education activities, peer led facilitations, youth and school participants, curriculum facilitations, and special events	Prevention Coordinator, Program Implementation Team, Student Councils, and Guidance Counselors will add 9 (3 urban, 6 rural) new peer education program in high schools.		2/1/06 6 schools		4/15/05 3 schools	5/15/06 7 schools		7/15/05 4 schools	8/1/06 8 schools	9/1/04 1 school	10/1/05 5 schools	11/1/06 9 schools	12/15/04 2 schools
	Knowledge gain and attitude change as measured by pre/post test surveys	Prevention Coordinator, Guidance Counselors, and Evaluator will evaluate and refine peer education programs		2/1/06		4/15/05	5/15/06		7/15/05	8/1/06	9/1/04	10/1/05	11/1/06	12/15/04
Alcohol Free Prom Nights Beer Keg Registration Outlet Surveillance	# of alcohol-free prom nights, activities with NU Directions, beer keg registrations, and outlet surveillances	Prevention Coordinators, Program Implementation Team, Law Enforcement Team, and Students Councils will coordinate Alcohol-free Prom Nights, activities with NU Directions, Beer Keg Registration, and Outlet Surveillance	We will consistently participate in planning meetings, activities and special events of these existing programs. We will assist in the expansion and evaluation; and through the Coalition provide technical assistance addressing substance abuse concerns of our target population of 12-17 year olds. We will make every effort to ensure Saving Lives activities are correlated and enhancements of these existing efforts. The Coalition has already established relationships with these organizations, and we look forward to continuing a shared vision for substance abuse prevention in our community.											

LANCASTER COUNTY LOGIC MODEL PREVENTION SYSTEM STEPS (1) THROUGH (8) GOAL # 3

Step (1) Problem identification and Data Analysis: Data Collection and analysis for Lancaster County shows that at risk youth in Lancaster County have high rates of advanced ATOD use.

Nebraska Risk and Protective Factor Survey for Lancaster County at risk youth 2003	Community Readiness Adult Survey 2002
<p><u>Usage Data</u></p> <ul style="list-style-type: none"> Seven out of every ten (73%) teens reported ever drinking alcohol. 60% of youth reported using Marijuana, 15% Inhalants, 26% Hallucinogens, 25% Methamphetamines, and 31% Cocaine. A significant increase in usage of all ATOD from 8th to 10th grade. Percent increases were as follows: 30.6 to 71.7% alcohol, 13.9 to 58.3% marijuana, 0 to 11.7% hallucinogens 0 to 11.5% meth, 0 to 11.7 cocaine. 52% of youth have been arrested 39% of youth have been suspended 31% of youth have attacked someone to harm someone 27% of youth have been high or drunk at school <p><u>Identified Risk Factors</u></p> <ul style="list-style-type: none"> Moderate to high risk for family management Moderate to high risk for perception of peer use Moderate to high risk for low commitment to school Moderate risk for laws and norms that favor use Moderate risk for perceived availability of drugs 	<ul style="list-style-type: none"> 28% felt that parents provided the alcohol. 59% felt that it would be "a little" or "not difficult at all" for 12-17 years olds to access alcohol from their own or a friend's home.

Step (2) Target Population				
Program	Target Population	# of Youth	IOM Category	Specific Characteristics of the Target Population
Creating Lasting Family Connections	At risk youth ages 12-15 and their families who are identified by 11 target agencies through a risk and protective factor screening process	180 parents and 210 youth	Indicated	At- risk youth ages 12-15, and 14-17; and their families who are identified by 11 target agencies through a risk and protective factor screening process. Youth have persistent antisocial tendencies that are manifested in academic failure, low grades, substance use, violence, friends who engage in problem behavior, early initiation of ATOD use, low self-esteem, and have a lack of commitment to school. Families have family management problems and a history of high-risk behavior, high rates to family conflict and inconsistent rule setting. Participants will come from diverse cultural backgrounds. Participants generally come from a highly transient population with exposure to debilitating environmental factors and lower socio-economic incomes. A significant number of participants live in single parent households where supervision is minimal and stress levels are substantial (two of the primary indicators for substance abuse). This population will be approximately 57% male and 43% female with 64.5% Caucasian, 7.3% Hispanic, 15.6% African American, .8% Asian, and 11.8% Other
Leadership and Resiliency	All high risk youth ages 14-17 who are identified by 11 target agencies through a risk and protective factor screening process.	150 youth	Indicated	

Step (3) Goal 3: To decrease alcohol and drug use among at-risk youth ages 12-17.

Step(4) Objectives	Step (5) Outcomes	Step (6) Strategies	Step (7) Activities	Step (8) Outcome Indicators
(1) To decrease the number of youth ages 14-15 who report use of illicit drugs with specific focus on alcohol, marijuana, hallucinogens, meth and cocaine.	<p>(1a) By May 30, 2007 the number of youth who report a lifetime use of alcohol will decrease by 10%, marijuana by 8%, inhalants by 3%, hallucinogens by 4%, meth by 4%, and cocaine by 5%.</p> <p>(1b) By May 30, 2007 the number of youth who make a commitment to remain drug free will increase</p>	<p><u>Strategy # 1 Implement Leadership and Resiliency</u></p> <p><u>Community Connection</u> Community Service</p> <p><u>Skill Building</u> Communication Refusal Self-Worth</p> <p><u>Education</u> Negative impact of substance use and violence</p>	<p>Resiliency Group</p> <p>Outdoor adventure activities</p> <p>Community Service Projects</p>	<p>(1a) The number of youth who report a lifetime use of alcohol will decrease by 3% by 5/30/05, by 7% by 5/30/06; marijuana by 3% by 5/30/06, by 5% by 5/30/06; inhalants by 1% by 5/30/05, by 2% by 5/30/06; hallucinogens by 1% by 5/30/05, by 2% by, 5/30/06; meth by 1% by 5/30/05, by 2% by 5/30/06; cocaine, by 1% by 5/30/05, by 2% by 5/30/06</p> <p><u>(1b)The number of youth who make a commitment to remain drug-free will increase by 5% by 5/30/05 by 5% by 5/30/06</u></p>

	by 15%.			
Step(4) Objectives	Step (5) Outcomes	Step (6) Strategies	Step (7) Activities	Step (8) Outcome Indicators
(2) To reduce the number of youth ages 14-17 who engage in high risk drinking behavior.	(2a) By May 30, 2007 the number of youth who report a delayed onset of alcohol use will increase by at least 6%.	<u>Strategy #1</u> <u>Implement</u> <u>Leadership and Resiliency Program</u>	Resiliency Group	(2a) The number of youth who report a delayed onset of alcohol use will increase by 3% by 5/30/05 by 4% by 5/30/06
(3) To increase youths' bonding with the school and community (low commitment to school).	(2b) By May 30, 2007 the number of youth who engage in episodic heavy drinking will decrease by at least 5%.	<u>Community Connection</u> Community Service	Outdoor Adventure Activities	<u>(2b) The number of youth who report episodic heavy drinking will decrease</u> by 2% by 5/30/05 by 4% by 5/30/06
(4) To increase the number of youth and parents who participate in the Leadership and Resiliency Program.	(3) By May 30, 2007 the number of youth who report increased bonding with their school and the community will increase by 15%.	<u>Skill Building</u> Communication Refusal Self-Worth	Community Service Projects	<u>(3) The number of youth who report positive bonding with their school and the community will increase</u> by 5% by 5/30/05 by 10% by 5/30/06
(5) To reduce the number of at risk youth in 10 th grade reporting lifetime use of ATODS.	(4) By May 2007 a minimum of 150 youth will have participated in the Leadership and Resiliency Program.	<u>Education</u> Negative impact of substance use and violence	This program reduces risk factors of: <i>Individual/Peer</i> <ul style="list-style-type: none">Favorable attitudes toward substance useAlienation and rebelliousnessSubstance use in peer group <i>School</i> <ul style="list-style-type: none">Academic failure This program increases protective factors of: <i>Individual/Peer</i> <ul style="list-style-type: none">Bonding to peers with healthy beliefs and clear standards <i>School</i> <ul style="list-style-type: none">School bonding and involvement	<u>(4) The number of youth who participate in the Leadership and Resiliency Program will increase</u> by 50 by 5/30/05 by 100 by 5/30/06 <u>(5) The number of at risk youth in 10th grade reporting lifetime ATOD use will decrease</u> by 3% by 5/30/05 by 6% by 5/30/06

Step(4) Objectives	Step (5) Outcomes	Step (6) Strategies	Step (7) Activities	Step (8) Outcome Indicators
(1) To decrease the number of youth ages 12-15 who report use of illicit drugs with specific focus on alcohol, marijuana, hallucinogens, meth and cocaine.	<p>(1a) By May 30, 2007 the number of youth who report a lifetime use of alcohol will reduce by 15%, marijuana by 10%, inhalants by 3%, hallucinogens by 4%, meth by 4%, and cocaine by 5%.</p> <p>(1b) By May 30, 2007 the number of youth who make a commitment to remain drug free will increase by 10%.</p>	<p><u>Strategy # 2</u> <u>Implement Creating Lasting Family Connections</u></p> <p><u>Education:</u> Community based education Parent education</p> <p><u>Skill building:</u> Refusal Skills</p> <p>This program reduces risk factors of: <i>Individual/Peer</i></p> <ul style="list-style-type: none"> • Early initiation of problem behavior • Favorable attitudes toward substance use <p><i>Family</i></p> <ul style="list-style-type: none"> • Family history of substance abuse <p><i>School</i></p> <ul style="list-style-type: none"> • Lack of commitment to school • Academic failure <p>This program increases protective factors of: <i>Individual/Peer</i></p> <ul style="list-style-type: none"> • Bonding to peers with healthy beliefs and clear standards <p><i>Family</i></p> <ul style="list-style-type: none"> • Bonding to a family with healthy beliefs and clear standards <p><i>School</i></p> <ul style="list-style-type: none"> • Bonding to a school that 	<p>Provide a 6-module group curriculum (3 for parents and 3 for youth) that increases skills and builds protective factors in the community, school, family and individual/peer domains.</p> <p><u>The 3 youth modules teach:</u></p> <p>Positive Response Training</p> <p>Independence and Responsibility</p> <p>Youth Getting Real</p> <p><u>The 3 parent modules teach:</u></p> <p>Positive Parental Influence</p> <p>Raising Resilient Youth</p> <p>Adults Getting Real</p>	<p>(1a) The number of youth who report a lifetime use of alcohol will decrease by 5% by 5/30/05 by 10% by 5/30/06 marijuana by 3% by 5/30/06 by 6% by 5/30/06 inhalants by 1% by 5/30/05 by 2% by 5/30/06 hallucinogens by 1% by 5/30/05 by 2% by 5/30/06 meth by 1% by 5/30/05 by 2% by 5/30/06 cocaine by 1% by 5/30/05</p> <p><u>(1b)The number of youth who make a commitment to remain alcohol free will increase</u> by 2% by 6/30/05 by 5% by 6/30/06</p> <p>(2a) The number of youth who report a delayed onset of alcohol use will increase by 3% by 5/30/05. by 4% by 5/30/06</p> <p><u>(2b) The number of youth who report episodic heavy drinking will decrease</u> by 2% by 5/30/05 by 4% by 5/30/06</p> <p><u>(3a) The number of parents who report attitudes favorable to allowing access to alcohol in their homes will decrease</u> by 2% by 5/30/05 by 4% by 5/30/06</p> <p><u>(3b) The number of youth who report obtaining alcohol from their home will decrease</u> by 1% by 5/30/05 by 2.5% by 5/30/06</p>
(2) To reduce the number of youth ages 12-15 who engage in high risk drinking behavior.	<p>(2a) By May 30, 2007 the number of youth who report a delayed onset of alcohol use will increase by at least 6%.</p> <p>(2b) By May 30, 2007 the number of youth who engage in episodic heavy drinking will decrease by at least 5%</p>			
(3) To reduce access to alcohol in the home by youth ages 12-15	<p>(3a) By May 30, 2007 the number of parents who report attitudes favorable to allowing access to alcohol in their homes will decrease by at least 5%.</p> <p>(3b) By May 30, 2007, the number of youth who report obtaining alcohol from their own home will decrease by at least 3%.</p>			

		<p>promotes healthy beliefs and clear standards</p> <p><i>Community</i></p> <ul style="list-style-type: none"> Bonding to a community that promotes healthy beliefs and clear standards 		
Step(4) Objectives	Step (5) Outcomes	Step (6) Strategies	Step (7) Activities	Step (8) Outcome Indicators
<p>(4) To improve the normative beliefs youth and parents hold regarding peer-use of ATOD.</p> <p>_____</p> <p>(5) To increase parents' family management skills/practices</p> <p>_____</p> <p>(6) To increase youths' bonding with parents</p> <p>_____</p> <p>(7) To increase the number of youth and parents who participate in the Creating Lasting Family Connections Program.</p>	<p>(4) By May 30, 2007 the number of youth and parents who perceive alcohol use as "the norm" will decrease by at least 5%</p> <p>_____</p> <p>(5) By May 30, 2007 the number of youth who report improved family management issues will increase by at least 5%.</p> <p>_____</p> <p>(6) By May 30, 2007 the number of youth who report positive relationships (bonding) with their parents will increase by 5%.</p> <p>_____</p> <p>(7) By May 30, 2007 a minimum of 180 parents and 210 youth will have participated in the Creating Lasting Family Connections Program.</p>	<p><u>Strategy # 2</u> <u>Implement Creating Lasting Family Connections</u></p> <p><u>Education:</u> Community-based education Parent education</p> <p><u>Skill building:</u> Refusal Skills</p>	<p>Provide a 6-module group curriculum (3 for parents and 3 for youth) that increases skills and builds protective factors in the community, school, family and individual/peer domains.</p> <p><u>The 3 youth modules teach:</u></p> <p>Positive Response Training Independence and Responsibility Youth Getting Real</p> <p><u>The 3 parent modules teach:</u></p> <p>Positive Parental Influence Raising Resilient Youth Adults Getting Real</p>	<p><u>(4a) The number of youth who report viewing peer use of alcohol as "the norm" will decrease</u> by 2% by 5/30/05 by 3% by 5/30/06</p> <p><u>(4b) The number of parents who report viewing youth use of alcohol as "the norm" will decrease</u> by 2% by 5/30/05 by 3% by 5/30/06</p> <p><u>(5) The number of youth who report improved family management issues will increase</u> by 2% by 5/30/05 by 4% by 5/30/06</p> <p>_____</p> <p><u>(6) The number of youth who report positive relationships (bonding) with their parents will increase</u> by 2% by 5/30/05 by 4% by 5/30/06</p> <p>_____</p> <p>(7a) The number of parents who participate in the Creating Lasting Family Connections Program will increase by 60 by 5/30/05 by 120 by 5/330/06</p> <p>(7b) The number of youth who participate in the Creating Lasting Family Connections Program will increase by 70 by 5/30/05 by 140 by 5/330/06</p>

LANCASTER COUNTY LOGIC MODEL PREVENTION SYSTEM STEPS (8) THROUGH (11) GOAL #3

Step (7) Activities	Step (9) Outputs	Steps (10) + (11) Implementation Plan and Process Indic.												
Leadership and Resiliency; and Creating Lasting Family Connections		Process Indicator	Jan 04-07	Feb 04-07	Mar 04-07	Apr 04-07	May 04-07	Jun 04-07	Jul 04-07	Aug 04-07	Sep 04-07	Oct 04-07	Nov 04-07	Dec 04-07
	Resiliency Group	Signed contracts with Boy Scouts, CEDARS Youth Services, Child Guidance, and Lincoln Action Program						6/15/04						
	# of participating agencies # of youth enrolled and successfully completing LRP (knowledge gain and attitude change as measured by pre/post test surveys)	Prevention Coordinator, CEDARS staff, Community Agencies, and Program Implementation Team will begin collaboration and coordination of referrals; and begin recruiting you participants	Collaboration and coordination of referrals will begin 7/1/04 and continue through 8/1/05 resulting with a referral process in place for all participating agencies Recruitment of youth participants will begin 7/15/04 with 5 youth, recruitment will continue with 10 youth by 8/15/04, 25 youth by 9/15/04, 35 youth by 10/15/04, and 50 youth by 11/15/04 Recruitment will continue each month after 11/04 with an additional 4 youth recruited each month											
	# of groups, youth participants, and outcomes achieved	CEDARS staff, Child Guidance, and LMHP will implement and facilitate Resiliency Group weekly								Begins 8/1/04 and will be ongoing on a weekly basis				
	Evaluation Reports # of youth successfully completing LRP (knowledge gain and attitude change as measured by pre/post test surveys)	Prevention Coordinator and Evaluator will evaluate and refine Resiliency Group						6/30/05 6/30/06 6/30/07						12/30/04 12/30/05 12/30/06 12/30/07

Outdoor Adventure Activities	# of fundraising activities and youth participants; Amount of money raised	Finance Team, CEDARS, LRP staff, Boy Scout Outreach youth participants, and Drug Demand Reduction Rep will implement fundraising activities for Adventure Activities	Fundraising for Adventure Activities will begin 9/1/04 and will continue to be an ongoing activity through 5/30/07											
	# of Adventure Activities (min of 2, max of 6 per year), youth and staff participants, outcomes achieved, alternatives learned by youth participants, and volunteer hours	CEDARS staff, Child Guidance, LMHP, Drug Demand Reduction Rep, and 10 Coalition Members will facilitate 2 Adventure Activities, on possibly 3 occasions depending on the # of youth to accomodate				4/15/05 6 Activities 4/15/06 12 Activities 4/15/07 18 Activities						10/15/04 3 Activities 10/15/05 9 Activities 10/15/06 15 Activities		
	Evaluation Reports # of youth successfully completing Adventure Activities (knowledge gain and attitude change as measured by pre/post test surveys)	CEDARS staff and Evaluator will evaluate and refine Adventure Activities				4/15/05 4/15/06 4/15/07						10/15/04 10/15/05 10/15/06		
Community Service Projects	# of service projects, youth and staff participants, outcomes achieved, and volunteer hours	CEDARS Staff, and 5 Coalition Members will collaborate with Humane Society to do animal and rehabilitation training service projects on a weekly basis								Begins 8/1/04 and continues on a weekly basis				
	Evaluation Reports # of youth successfully completing service projects (knowledge gain and attitude change as measured by pre/post test surveys)	CEDARS staff and Evaluator will evaluate and refine service project activities						6/30/05 6/30/06 6/30/07						12/30/04 12/30/05 12/30/06

Elementary School Community Service Project	# of students and school participants, 12-15 year old facilitators, outcomes achieved, and educational pieces presented	Prevention Coordinator, CEDARS staff, and Guidance Counselors will collaborate with elementary schools to implement peer led student education activities	Implementation of activities will begin 6/1/04 and will be ongoing through 5/30/07											
	Evaluation Reports # of youth successfully completing peer led student education activities (knowledge gain and attitude change as measured by pre/post test surveys)	CEDARS staff and Evaluator will evaluate and refine peer led student education activities						6/30/05 6/30/06 6/30/07						12/30/04 12/30/05 12/30/06
Creating Lasting Family Connections	# of days of training and # of staff trained	CLFC Trainer, Prevention Coordinators, and Facilitators from LAP, CEDARS, and Child Guidance will facilitate training for program								9/15/04				
	Evaluation Reports (knowledge gain and attitude change as measured by pre/post test surveys)	CLFC Trainer and Evaluator will evaluate and refine CLFC training								9/15/04				
	# of participating agencies	Prevention Coordinator, CEDARS staff, Community Agencies, and Program Implementation Team will collaborate and coordinate Community Agencies and referrals							7/1/04 1 agency	8/1/04 2 agencies	9/1/04 3 agencies	10/1/04 4 agencies	11/01/04 5 agencies	
	# of youth, parent, and family participants	Prevention Coordinator, CEDARS staff, Community Agencies, and Program Implementation Team will recruit youth participants and implement CLFC Program					5/1/05 4 additional youth participants each month		7/15/04 5 youth	8/15/04 10 youth	9/15/04 25 youth	10/15/04 35 youth	11/15/04 50 youth	

	# of youth, parents, and families that successfully complete program; and knowledge gain and attitude change as measured by pre/post test surveys	Prevention Coordinator, Evaluator, and Program Participants will assess program through surveys of program participants, and surveys and interviews with program facilitators			3/1/05			6/1/05			9/1/04			12/1/04
					3/1/06			6/1/06			9/1/05			12/1/05
					3/1/07			6/1/07			9/1/06			12/1/07

MALCOLM COMMUNITY LOGIC MODEL PREVENTION SYSTEM GOAL # 1

Step (1): Problem identification and Data Analysis: Data Collection and analysis for the Malcolm Community shows that youth in the Malcolm community have high rates of Alcohol use.

Nebraska Risk and Protective Factor Survey for Malcolm Public Schools for 2003	Community Readiness Adult Survey 2002
<ul style="list-style-type: none"> • <u>Eight out of every 10 (83%) High School students reported ever drinking alcohol.</u> • <u>There is a 43% increase in alcohol use between 8th and 10th grade identifying the transition period to be the highest risk period for initiation of early onset drinking</u> • <u>25% of high school youth reported binge drinking sometime within the 2 weeks prior to the survey</u> • <u>28% of all youth and 41% of High School youth have a low perceived risk of drug use</u> • <u>32% of youth who reported drinking got alcohol from home with parents permission</u> • <u>20% of High School Students reporting alcohol use got it from a Brother/Sister</u> 	<ul style="list-style-type: none"> • <u>28% felt that parents provided the alcohol.</u> • <u>59% felt that it would be “a little” or “not difficult at all” for 12-17 years olds to access alcohol from their own or a friend's home.</u>

Step (2) Target Population				
Program	Target Population	# of Youth	IOM Category	Specific Characteristics of the Target Population
All Stars Sr.	Malcolm 9 th and 10 th graders	210 youth	Universal	Malcolm High School 9 th and 10 th grade Health class students. These students are in the high-risk transition years at Malcolm where an increase in alcohol use of 43% is documented in this student population.
SMART Moves	Malcolm youth age 12-17 years	60 youth	Universal	Malcolm youth age 12 to 17 and their parents. The population gender consists of 64% males and 36% females. The population ethnicity is typical of rural Nebraska with 92% White, 4% Hispanic, 2% American Indian, 0.7% African American, 0.7% Asian, and 0.7% Pacific islander.

Step (3) Goal 1: To decrease underage drinking by 12-17 year olds in Malcolm.

(4) Objectives	(5) Outcomes	(6) Strategies	(7) Activities	(8) Outcome Indicators	(9) Outputs	(10-11) Implementation Plan and Process Indic.
(1) To decrease the number of youth ages 12-17 who report use of alcohol.	(1a) By May 30, 2007 the number of youth who report a lifetime use of alcohol will reduce by 12%	<u>Strategy #1 Implement All Stars Senior</u> <u>Individual</u> Promote adoption of conventional social norms	Highly interactive group activities	(1a) The number of youth who report a lifetime use of alcohol will reduce by 4% by 5/30/05 by 8% by 5/30/06	All Stars Sr. budget and implementation plan	Prevention Coordinator and Region V Finance Office will establish communications with Malcolm Public school regarding program budget and implementation by 6/1/04
	(1b) By May 30, 2007 reduce the number of youth in 10 th grade who report having used alcohol by 6%.	Build commitment to avoid high-risk behaviors Focus on improving student attitudes and behaviors	Student Wellness journal	(1b.) Reduce the number of youth in 10 th grade who report having used alcohol by 2% by 5/30/05 by 4% by 5/30/06	Planning campaign meeting documentation	Health Educator and Guidance Counselor will coordinate health class and curricula with the All Stars Senior program by 8/15/04
		Identifying discourse between personal goals and high-risk and health damaging behavior	Games		The number of youth enrolled in the program	Health Educator will implement All Stars Senior curriculum at Malcolm Public Schools starting school year 2004-2005.
			Art Projects			
			Large group discussions			
	(2a) By May 30, 2007 the number of youth that report binge drinking will reduce by 3%	<u>Skill Building</u> Negative peer pressure resistance Goal setting skills	Small group discussions	<u>(2a.) The number of youth who report binge drinking</u> will decrease by 1% by 5/30/05 by 2% by 5/30/06	Number of All Star activities included in health class	With All Stars Sr. starting for Fall semester students by 8/17/04 and Spring semester students by 1/9/05 and will continue to be offered on a semester basis to 9 th and 10 th graders after spring 2005 semester.
(2) To reduce the number of youth ages 12-17 who engage in high risk drinking behavior.	(2b) By May 30, 2007 the number of high school youth with a low perceived risk of drug use will decrease by 6%	Decision making skills Skills for managing stress <u>Education</u> Augment existing health education textbooks/curricula Negative impact of substance use Positive health characteristics		<u>(2b)</u> The number of high school youth who report a low perceived risk of drug use will decrease by 2%. By 5/30/05 by 4% by 5/30/06.	The number of students that commit to being drug and alcohol free	Malcolm Community Action Coalition obtains t-shirts and commitment ring orders for All Stars participants before program completion in 12/04 and 5/05 Prevention Coordinator will collect participant surveys regarding utility and effectiveness of program participation at the completion of each semester starting 12/04 Program Evaluator will evaluate fidelity of All Start Sr. program assessed through surveys and interview of program facilitators by 12/31/04 and every 6 months thereafter.

(4) Objectives	(5) Outcomes	(6) Strategies	(7) Activities	(8) Outcome Indicators	(9) Outputs	(10+11) Implementation Plan and Process Indic.
(1) To decrease the number of youth ages 12-17 who report use of alcohol.	(1a) By May 30, 2007 the number of youth who report a lifetime use of alcohol will reduce by 12% (1b) By May 30, 2007 reduce the number of youth in 10 th grade who report having used alcohol by 6%.	<u>Strategy #2 Implement SMART Moves</u> <u>Skill Building</u> Social and decision making skills to keep youth drug free Communication Assertiveness Media literacy Peer Resistance training Self Esteem Resisting pressure to use drugs Life planning and goal setting Substance abuse prevention Resisting media pressures	Small group sessions Structured experiential and discussion sessions for youth Role-playing Peer leadership activities	(1a) The number of youth who report a lifetime use of alcohol will reduce by 4% by 5/30/05 by 8% by 5/30/06 (1b.) Reduce the number of youth in 10 th grade who report having used alcohol by 2% by 5/30/05 by 4% by 5/30/06	Documentation from Boys and Girls Club showing establishment of Malcolm program The number of youth and adults enrolled in the training program The number of Malcolm team that successfully complete training	Malcolm Community Action Coalition will facilitate the establishment of SMART Moves and FAN Club in the Malcolm community in collaboration with the Boys and Girls Clubs of Omaha by 5/30/05 to create a conduit for program formation Malcolm Community Action Coalition will recruit Malcolm youth and community volunteers to attend training for SMART Moves by 9/15/04 Malcolm Community Action Coalition will assemble Malcolm youth and community volunteers into a minimum of four teams of 4 (including 2 youth). The Malcolm teams will receive training in the SMART Moves program by 11/1/04
(2) To reduce the number of youth ages 12-17 who engage in high risk drinking behavior.	(2a) By May 30, 2007 the number of youth that report binge drinking will reduce by 3% (2b) By May 30, 2007 the number of high school youth with a low perceived risk of drug use will decrease by 6%	<u>Education</u> Community based education Negative impact of substance use ATOD use knowledge Parent Education and training	Monthly youth activities Booster sessions Bonding to peers with healthy beliefs Parent support	<u>(2a.) The number of youth who report binge drinking</u> will decrease by 1% by 5/30/05 by 2% by 5/30/06 <u>(2b)</u> The number of high school youth who report a low perceived risk of drug use will decrease by 2%. By 5/30/05 by 4% by 5/30/06.	The number of households that receive program information The number of community members that successfully complete a SMART moves program	Malcolm Prevention Coordinator will promote the SMART Moves Program to area youth and families including an informational mailing throughout the Malcolm community completed by 12/1/04 The SMART Moves teams will recruit and train a minimum of 5 new community members in SMART Moves Program every 6 months starting 6/30/05.
(3) To reduce access to alcohol in the home by youth ages 12-17 years of age.	(3a) By May 30, 2007 the number of youth reporting alcohol use at home with parent's permission will decrease by 6% (3b) By May 30, 2007 the number of high school youth reporting using alcohol provided by a brother or sister will decrease by 3%			(3a) The number of youth reporting alcohol use at home with parent's permission will decrease by 2% by 5/30/05 by 4% by 5/30/06 (3b) The number of high school youth reporting using alcohol provided by a brother or sister will decrease by 1% by 5/30/05 by 2% by 5/30/06	Survey response	Malcolm Community Action Coalition will administer participant surveys regarding utility and effectiveness of program participation by 4/30/05. Program Evaluator will evaluate fidelity of program assessed through surveys and interview of program facilitators at the end of program cycle 5/30/05 and evaluate program every 6 months thereafter.

MALCOLM COMMUNITY LOGIC MODEL PREVENTION SYSTEM STEPS (1) THROUGH (11) GOAL # 2

Step (1) Problem identification and Data Analysis: Data Collection and analysis for the Malcolm Community shows that youth in the Malcolm community have high rates of drinking and driving and riding with someone under the influence.

Nebraska Risk and Protective Factor Survey for Malcolm Public Schools for 2003	Community Readiness Adult Survey 2002
<ul style="list-style-type: none"> 40% of the youth reported riding with a drinking driver 39% of Malcolm high school youth reported drinking and driving 	61% of respondents felt that alcohol and other drugs contributed to crashes and injuries involving 12-17 year olds "very often" or "often"

Step (2) Target Population				
Program	Target Population	# of Youth	IOM Category	Specific Characteristics of the Target Population
Communities Mobilizing for Change on Alcohol	Youth ages 13-17	170 youth	Universal	Malcolm community youth age 13 to 17 with an overflow of influence and effect into the 18 to 20 year population and community adults in the Malcolm school district/community causing positive effects on the target population. This population has a high rate of under age drinking, of easy access to alcohol, and of drinking and driving and riding with a drinking driver. The population gender consists of 64% males and 36% females. The population ethnicity is typical of rural Nebraska with 92% White, 4% Hispanic, 2% American Indian, 0.7% African American, 0.7% Asian, and 0.7% Pacific islander.

Step (3) Goal 2: To decrease the high incidence of 12-17 year olds who are riding with a drinking driver and the number of 15-17 year olds that are driving while under the influence.

Step (4) Objectives	Step (5) Outcomes	Step (6) Strategies	Step (7) Activities	Step (8) Outcome Indicators	Step (9) Outputs	Step (10 + (11) Implementation Plan and Process Indic.
(1) Decrease the 15-17 year olds that are driving under the influence.	(1) By May 30, 2007 the number of high school youth who report drinking and driving will decrease by 8%	<u>#1 Implement Communities Mobilizing for Change on Alcohol</u> Limit youth access to alcohol <u>Community</u> Changing community norms regarding youth and adults drinking and driving, youth riding with a driver under the influence and access and acceptance of youth to alcohol Institutional policies that discourage youth alcohol use and drinking and driving Public and Institutional policies that reduce alcohol sales to youth or to adults providing to minors Increased interaction among diverse community sectors Community mobilization <u>Law Enforcement</u> Compliance check system Improved enforcement of alcohol laws and regulations <u>Faith Organizations</u>	<u>Peers</u> Activities to decrease peers using and providing alcohol to other minors and reduce episodes of driving or riding with someone under the influence <ul style="list-style-type: none"> Speakers to inform youth about consequences of alcohol use (M.I.P.'s, lost career opportunities, legal cost, laws), motivate youth to reduce alcohol use, driving or riding with someone under the influence and to avoid participation in youth events where alcohol is present Decrease youth access to alcohol <ul style="list-style-type: none"> Lock-in alternative activities during high risk events to prevent youth access to alcohol and driving under the influence or riding with someone under the influence Develop peer leadership to change community and social norms, especially in the population of youth <ul style="list-style-type: none"> Build a strong S.A.D.D. organization Train youth leaders at June Jam Recruit and co-sponsor Project Alert <u>Community</u> Malcolm Community Action Coalition mobilization Develop Adult leadership to change community and social norms regarding alcohol use, availability to youth, and drinking and driving <ul style="list-style-type: none"> Train adult leaders at June Jam Speakers addressing alcohol access, laws, penalties, dangers of drinking and driving Seek and achieve changes in local public policies and in the practices of community institutions that can affect youth's access to alcohol. Restrict alcohol companies sponsorship of community events	(1) The number of high school youth who report drinking and driving will decrease by 3% by 5/30/05 by 6% by 5/30/06 (2) The number of youth who report being a passenger with a drinking driver will decrease by 2% by 5/30/05 by 4% by 5/30/06	The number of youth enrolled in the program The number of youth reporting driving under the influence The number of students that publicly commit to being drug and alcohol free Number of activities and number of students and adults attending events. Create a core	Malcolm Community Action Coalition assessed community norms, public and institutional policies and resources (completed 1/30/05) Malcolm Community Action Coalition will evaluate alcohol consumption and attitudes of youth ages 12-17 (NRPFs Data). Malcolm Community Action Coalition will measure the number of arrests for driving under the influence of alcohol starting 7/1/04 and reviewing arrest numbers quarterly to note increases or decreases in arrests. Malcolm Community Action Coalition will identify a minimum of 15 youth passionate and committed to lead efforts to advocate for change in community and social norms regarding alcohol use by 1/05. Malcolm Community Action Coalition along with youth will plan a minimum of 4 education/alternative activities a year starting 1/1/05. Malcolm Community Action Coalition will

		<p><u>Education:</u> Public and youth education on alcohol use, effects and consequences of use, drinking and driving, local laws.</p>	<p><u>Civic Groups</u> Adopt policies to prevent underage drinking at organized-sponsored events Initiate and participate in community-wide efforts to prevent underage drinking Activities to prevent underage drinking and access to alcohol</p> <ul style="list-style-type: none"> - lock-in fifth quarters to provide controlled environment with no access to alcohol during high risk events - Recognition of community and adult leaders that have contributed to changing the communities social norms regarding alcohol <p><u>Faith Organizations</u> Develop internal policies to prevent teens from accessing alcohol at their events Participate in efforts to keep alcohol away from youth</p> <p><u>Schools</u> Create and enforce policies restricting alcohol use and access, both on school property and in the surrounding community</p> <ul style="list-style-type: none"> - Address School Board with revisiting present school policy - Hire off duty Law Enforcement officers for high risk basketball and football games <p>Educate parents and youth about school and law enforcement policies regarding youth and alcohol and drinking and driving</p> <ul style="list-style-type: none"> - Speakers and programming at times of natural gatherings to provide messaging supporting healthy attitudes and normative social attitudes regarding alcohol use and minors <p>Media and materials to create change on alcohol</p> <ul style="list-style-type: none"> - Signage providing alcohol prevention messaging and messages geared to shift social norms to healthier positions on Alcohol use and minors and driving while under the influence - Posters with supportive messaging <p><u>Law Enforcement</u> Promote mandatory and voluntary compliance checks by law enforcement or licensing authorities Support the use of administrative penalties for failure to comply with State or local laws relating to the sale of alcohol to minors Educational events with youth to inform them about local laws, effects of drinking on driving, promote anonymous reporting of cases of laws being broken regarding alcohol and youth</p> <p><u>Advertising Outlets</u> Influence the removal of alcohol advertising from public places or wherever youth are exposed to these messages</p> <p><u>Public Education Campaigns</u> Posters with alcohol prevention messages Posters warning of consequences for minors using alcohol Posters warning of consequences for providing alcohol to minors Literature to educate public about local laws and consequences regarding alcohol and minors Speakers to motivate community to reduce youth access to alcohol and posted warnings about alcohol use by youth and the consequences of drinking and driving.</p>		<p>leadership group that can build a broad citizen movement to review city and school ordinances and recommend policy changes to support Malcolm mobilizing for change on alcohol.</p> <p>Number of merchants complying with alcohol policies and restrictions.</p>	<p>recruit a cadre of 6-trained adults who can train community citizens in changing community and social norms regarding alcohol use, availability to youth, and drinking and driving by 1/1/05.</p> <p>Malcolm Community Action Coalition will evaluate merchant compliance, in both off-site consumption and on-site consumption alcohol sales outlets with alcohol polices and restrictions by 6/30/05.</p> <p>Prevention Coordinator will survey participants regarding utility and effectiveness of program participation.</p> <p>Program Evaluator will evaluate program fidelity through survey and interview of program facilitators. Plus evaluate changes on an ongoing basis.</p>
--	--	--	--	--	---	--

MALCOLM COMMUNITY LOGIC MODEL PREVENTION SYSTEM GOAL #3

Step (1) Problem identification and Data Analysis: Data Collection and analysis for Malcolm Public School shows that alcohol related issues are priority concerns for youth ages 12-17. The analysis of several data sources shows the following:

Nebraska Risk and Protective Factor Survey for Malcolm Public Schools 2003	Community Readiness Adult Survey 2002
<ul style="list-style-type: none"> <u>Eight out of every 10 (83%) High School students reported ever drinking alcohol.</u> <u>62% of youth who drank obtained alcohol from someone 21 or older.</u> <u>60% reported drinking at someone else's home the last time they had alcohol</u> <u>32% of youth, who drank, drank at home with Parent's Permission.</u> 	<ul style="list-style-type: none"> 52% reported seeing teenagers (12-17) drink alcohol in public "very often" or "often" 59% felt that it would be "a little" or "not difficult at all" for 12-17 years olds to access alcohol from their own or a friend's home. 48% felt that it would be "a little" or "not difficult at all" to get an older person to buy alcohol for teens 12-17 year old. 37% felt that it would be "a little" or "not difficult at all" to obtain alcohol from their parents. 28% felt that parents provided the alcohol.

Step (2) Target Population				
Program	Target Population	# of Youth	IOM Category	Specific Characteristics of the Target Population
Communities Mobilizing for Change on Alcohol	Primary Target: Youth ages 13-17 Secondary Targets: 18-20 year olds & adults who may purchase for minors.	170 youth	Universal	Malcolm community youth age 13 to 17 with an overflow of influence and effect into the 18 to 20 year population and community adults in the Malcolm school district/community causing positive effects on the target population. This population has a high rate of under age drinking, of easy access to alcohol, and of drinking and driving and riding with a drinking driver. The population gender consists of 64% males and 36%females. The population ethnicity is typical of rural Nebraska with 92% White, 4% Hispanic, 2% American Indian, 0.7% African American, 0.7% Asian, and 0.7% Pacific islander.
SMART Moves	Malcolm youth age 12-17 years & their parents	60 youth	Universal	Malcolm youth age 12 to 17 and their parents. The population gender consists of 64% males and 36%females. The population ethnicity is typical of rural Nebraska with 92% White, 4% Hispanic, 2% American Indian, 0.7% African American, 0.7% Asian, and 0.7% Pacific islander.

Step (3) Goal 3: To reduce access to alcohol for Malcolm community youth 12-17 year olds.

(4) Objectives	(5) Outcomes	(6) Strategies	(7) Activities	(8) Outcome Indicators	(9) Outputs	(10) + (11) Implementation Plan and Process Indicators
(1) To reduce the number of youth ages 12-17 who obtain alcohol from someone 21 years or older.	(1) By May 30, 2007 the number of Malcolm youth who report that they have gained access to alcohol through someone 21 or older will decrease by 12%.	<u>#1 Implement Communities Mobilizing for Change on Alcohol</u> Limit youth access to alcohol Changing community norms regarding youth and adults drinking and driving, youth riding with a driver under the influence and access and acceptance of youth to alcohol	Peers Activities to decrease peers using and providing alcohol to other minors and reduce episodes of driving or riding with someone under the influence <ul style="list-style-type: none"> Speakers to inform youth about consequences of alcohol use (M.I.P.'s, lost career opportunities, legal cost, laws), motivate youth to reduce alcohol use, driving or riding with someone under the influence and to avoid participation in youth events where alcohol is present Decrease youth access to alcohol <ul style="list-style-type: none"> Lock-in alternative activities during high risk events to prevent youth access to alcohol and driving under the influence or riding with someone under the influence Develop peer leadership to change community and social norms, especially in the population of youth <ul style="list-style-type: none"> Build a strong S.A.D.D. organization Train youth leaders at June Jam Recruit and co-sponsor Project Alert 	(1) The number of youth who report that they have gained access to alcohol through someone 21 or older will decrease by 4% by 5/30/05 and by 8% by 5/30/06 (2) The number of youth who report that they drank at someone else's home will decrease by 4 % by 5/30/05 will decrease by 8 % by 5/30/06	# of signs, posters, literature, and posted warnings in community. Merchant Education Program # of trainings provided # of clerks who complete merchant training. Drug free youth activities plan # of youth participating in alternative activities	Malcolm Community Prevention Coalition will increase the number of signs, posters, literature and posted warnings available throughout the community by 25% by 5/30/05. Malcolm Community Prevention Coalition will develop and implement a merchant education program by 5/30/05. Coalition will evaluate and revise program on an ongoing basis following trainings Malcolm citizens (including youth) will plan Drug free youth activities by 10/05.
(2) To reduce the number of youth ages 12-17 who drank at someone else's home	(2) By May 30, 2007 the number of Malcolm youth who report that they drank at someone else home will decrease by 12%.	Institutional policies that discourage youth alcohol use and drinking and driving Public and Institutional policies that reduce alcohol sales to youth or to adults providing to minors Increased interaction among diverse community sectors Community mobilization	<u>Community</u> Malcolm Community Action Coalition mobilization Develop Adult leadership to change community and social norms regarding alcohol use, availability to youth, and drinking and driving <ul style="list-style-type: none"> Train adult leaders at June Jam Speakers addressing alcohol access, laws, penalties, dangers of 			

<p>(3) To reduce access to alcohol in the home for youth ages 12-17 years.</p>	<p>(3a) By May 30, 2007 the number of youth reporting alcohol use at home with parent's permission will decrease by 12%</p> <p>(3b) By May 30, 2007 the number of high school youth reporting using alcohol provided by a brother or sister will decrease by 10%</p> <p>(3c) By May 30, 2007 the number of youth that believe their parent's attitudes favor drug use will be reduced by 20%</p>	<p><u>Law Enforcement</u> Compliance check system Improved enforcement of alcohol laws and regulations</p> <p><u>Education:</u> Public and youth education on alcohol use, effects and consequences of use, drinking and driving, local laws.</p>	<p>drinking and driving</p> <p>Seek and achieve changes in local public policies and in the practices of community institutions that can affect youth's access to alcohol. Restrict alcohol companies sponsorship of community events</p> <p><u>Civic Groups</u> Adopt policies to prevent underage drinking at organized-sponsored events Initiate and participate in community-wide efforts to prevent underage drinking</p> <p>Activities to prevent underage drinking and access to alcohol</p> <ul style="list-style-type: none"> - lock-in fifth quarters to provide controlled environment with no access to alcohol during high risk events - Recognition of community and adult leaders that have contributed to changing the communities social norms regarding alcohol <p><u>Faith Organizations</u> Provide a link between prevention organizations, youth, parents, and the community Offer education Develop internal policies to prevent teens from accessing alcohol at their events Participate in efforts to keep alcohol away from youth</p> <p><u>Schools Teach alcohol refusal skills</u></p> <ul style="list-style-type: none"> - Have speakers with alcohol refusal message statements to youth and parents - Hire off duty Law Enforcement officers for high risk basketball and football games - Have programs at times of natural gatherings to provide messaging supporting healthy attitudes and normative social attitudes regarding alcohol use and minors <p>Media and materials to create change on alcohol</p> <ul style="list-style-type: none"> - Signage providing alcohol prevention messaging and messages geared to shift social norms to healthier positions on alcohol use and minors - Posters with supportive messaging <p><u>Law Enforcement</u> Promote mandatory and voluntary compliance checks by law enforcement or licensing authorities Support the use of administrative penalties for failure to comply with State or local laws relating to the sale of alcohol to minors Educational events with youth to inform them about local laws, effects of drinking on driving, promote anonymous reporting of cases of laws being broken regarding alcohol and youth</p> <p><u>Public Education Campaigns</u> Posters with alcohol prevention messages Posters warning of consequences for minors using alcohol Posters warning of consequences for providing alcohol to minors Speakers to motivate community to reduce youth access to alcohol and posted warnings about alcohol use by youth and the consequences of drinking and driving.</p> <p>Hold alternative activities for youth to decrease access to alcohol and other drinking teens</p>	<p>(3a) The number of youth reporting alcohol use at home with parent's permission will decrease by 4% by 5/30/05 Decrease by 8% by 5/30/06</p> <p>(3b) The number of high school youth reporting using alcohol provided by a brother or sister will decrease by 3% by 5/30/05 decrease by 6% by 5/30/06</p> <p>3c) The number of youth that believe their parent's attitudes favor drug use will be reduced by 6% by 2005 by 12% by 2006</p>	<p>The number of stakeholders involved in the Prevention Coalition</p> <p>Community Organizer involved in the Prevention Coalition</p> <p>Divers community sectors represented in Prevention Coalition</p> <p>Evaluation report on prevention system effectiveness</p> <p>Merchant compliance with alcohol policies</p> <p>Evaluation reports # of program participants (knowledge gain and attitude change as measured through pre/post test surveys)</p>	<p>Strengthen the local prevention system and continue to build capacity within the Malcolm community to support policy change on an ongoing basis.</p> <p>Malcolm Community Action Coalition will identify a qualified community organizer who is familiar with the issues and needs of the community by 6/30/04.</p> <p>Malcolm Community Action Coalition will build a community-wide support base including representation from divers community sectors by 6/30/05.</p> <p>Evaluator will evaluate the local prevention system on an ongoing basis</p> <p>Evaluate merchant compliance with alcohol policies and restrictions in both off-site consumption, and on-site consumption alcohol sales outlets; ongoing</p> <p>Assess program fidelity and effectiveness through surveys and interviews with program participants and facilitators, revise as needed; evaluation completed quarterly</p> <p>Convenience sample spot surveys to assess the degree to which people recall seeing specific campaigns and advertisements; surveys implemented every 6 months</p>
--	--	---	--	---	--	--

(4) Objectives	(5) Outcomes	(6) Strategies	(7) Activities	(8) Outcome Indicators	(9) Outputs	(10) + (11) Implementation Plan and Process Indicators
<p>(4) To reduce access to alcohol in the home for youth ages 12-17 years.</p>	<p>(4a) By May 30, 2007 the number of youth reporting alcohol use at home with parent's permission will decrease by 12%</p> <p>(4b) By May 30, 2007 the number of high school youth reporting using alcohol provided by a brother or sister will decrease by 10%</p> <p>(4c) By May 30, 2007 the number of youth that believe their parent's attitudes favor drug use will be reduced by 20%</p>	<p><u>Strategy #2 Implement Smart Moves</u></p> <p><u>Skill Building</u> Social and decision making skills to keep youth drug free Communication Assertiveness Media literacy Peer Resistance training Self Esteem Resisting pressure to use drugs Life planning and goal setting Substance abuse prevention Resisting media pressures</p> <p><u>Education</u> Community based education Negative impact of substance use ATOD use knowledge Parent Education and training</p>	<p>Small group sessions</p> <p>Structured experiential and discussion sessions for youth</p> <p>Role-playing</p> <p>Peer leadership activities</p> <p>Monthly youth activities</p> <p>Booster sessions</p> <p>Bonding to peers with healthy beliefs</p> <p>Parent support</p>	<p>(4a) The number of youth reporting alcohol use at home with parent's permission will decrease by 4% by 5/30/05 decrease by 8% by 5/30/06</p> <p>(4b) The number of high school youth reporting using alcohol provided by a brother or sister will decrease by 3% by 5/30/05 decrease by 6% by 5/30/06</p> <p>4c) The number of youth that believe their parent's attitudes favor drug use will be reduced by 6% by 2005 by 12% by 2006</p>	<p>Documentation from Boys and Girls Club showing establishment of Malcolm program</p> <p># of youth and adults enrolled in the training program</p> <p># of Malcolm teams that successfully complete training</p> <p># of households that receive program information</p> <p># of community members that successfully complete SMART moves program</p> <p># of youth activities and # of youth participants</p> <p>Increase in youth peer leaders with healthy beliefs</p> <p>Results from youth self-report questionnaire Knowledge gain and attitude change as measure through pre/post test surveys</p> <p>Evaluation report from surveys and interviews</p>	<p>Malcolm Community Action Coalition will facilitate the establishment of SMART Moves and FAN Club in the Malcolm community in collaboration with the Boys and Girls Clubs of Omaha by 5/30/05 to create a conduit for program formation</p> <p>Recruitment of Malcolm youth and community volunteers to attend training for SMART Moves by 9/15/04</p> <p>Teams of 4 including 2 youth with no more than 8 teams total, will receive training in the SMART Moves program by 11/1/04</p> <p>Program promotion to area youth and families including an informational mailing throughout the Malcolm community completed by 12/1/04</p> <p>Program registration and initiation through the Malcolm Community Action Coalition by 1/8/05</p> <p>Monthly youth activities to start 1/05</p> <p>Encourage participating youth to take youth leadership positions in the program or community at the end of program cycle 5/30/05</p> <p>Malcolm Community Action Coalition will administer participant surveys regarding utility and effectiveness of program participation by 4/30/05.</p> <p>Fidelity and effectiveness of program assessed through survey and interview of program facilitators, program revised as needed; evaluation completed on a quarterly basis</p>

Building A Stronger Prevention Coalition

A. Capacity				
Step 1: Mission:	To reduce the use of alcohol, tobacco and other illicit drugs among Lancaster County youth ages 12-17 and to strengthen collaboration with support coalition activities.			
Step 2: Assessment	Due to a largely competitive process in acquiring of resources in the past, the prevention system collaborated only on a limited basis. Over recent years however, the prevention system has increasingly coordinated community projects rather than “agency” projects. Within this context we have begun to share resources but still <u>lack a coordinated system of knowledge about resources, programs, gaps and a shared system of utilization of all assets</u> . Similarly we have in the past been a system of “agencies” in the prevention system with each organization specializing in cultural and linguistically appropriate competencies for the population we serve. Consequently, <u>the prevention system lacks broad based knowledge of cultural competency</u> .			
Step 3: Key Areas for Development	1. Members do not collaborate well with resource sharing or leveraging of new dollars. 2. Members understand the importance of culturally appropriate programs, but lack the capacity to implement them.			
STEP 4 GOALS	STEP 5 OBJECTIVES	STEP 6 OUTCOMES	STEP 7 STRATEGIES AND ACTIVITIES	STEP 8 IMPLEMENTATION PLAN AND OUTPUTS
1. To increase the effectiveness of the resources and services of the prevention system	Increase the coordination and commitment towards a collective action among agencies and organizations within the prevention system	85% of providers and other stakeholders will be able to show an understanding of the prevention services available and gaps in the prevention system. By June 2005, 65% of prevention partners will share information and resources. By June 2006, 75% By June, 2007 85% of prevention partners will share information and resources.	Strategy: Develop a method to increase coordination in prevention services Develop an asset mapping process. Activities: Undertake a prevention service mapping project that identifies: (1) what kinds of prevention services are available, (2) where in the community they are available, (3) what target populations are served, and (4) where duplications in services exist Incorporate analysis of map into the comprehensive community substance abuse prevention (SAP) plan	Plan: Region V Staff will coordinate the completion of the Prevention Service Maps by December 31, 2004 (by Region V prevention staff) Coalition and Coordinator will complete analysis of the map by June 30, 2005 (Coordinator to provide leadership) Human Services Administrator will incorporate map into the Community Services Implementation plan by July 31, 2005 Coalition and Coordinator will publish a service directory June 2005, revising it in June 2006, and June 2007. Outputs: Prevention service map illustrating types and locations of prevention services, target population served, and existing duplications. Service directory identifying prevention partners and services Updated Substance Abuse Action Plan Evaluation is in narrative page 15 Sustainability is in narrative pages 60-63 and in Prevention Coalition Logic Model goals (5a,b,c)

Building A Stronger Prevention Coalition

B. Leadership				
Step 1: Mission:	To reduce the use of alcohol, tobacco and other illicit drugs among Lancaster County youth ages 12-17 and to strengthen collaboration with support coalition activities.			
Step 2: Assessment	The coalition currently has a broad membership base with key stakeholders and opinion leaders involvement only on the “fringes” of the system or for limited numbers of special events. Our system currently <u><i>lacks a broad based, consistent involvement of key stakeholders and opinion leaders that are knowledgeable and informed about efforts and priorities and their roles in supporting the system.</i></u> <u><i>Malcolm recently developed a separate coalition due to a number of severe crisis situations and also still lacks involvement of key community members and parents.</i></u>			
Step 3: Key Areas for Development	The prevention system has not successfully engaged key stakeholders and opinion leaders in the process			
STEP 4 GOALS	STEP 5 OBJECTIVES	STEP 6 OUTCOMES	STEP 7 STRATEGIES AND ACTIVITIES	STEP 8 IMPLEMENTATION PLAN AND OUTPUTS
To educate and engage local, state, and national leadership in changing social norms and public policy to prevent substance abuse among youth 12-17.	Increase the knowledge and participation of elected officials regarding the problem, the cost, solutions, and their role in the prevention of substance abuse among youth 12-17	By Fall 2004 80% of key community partners and elected officials will be identified to assist with facilitation and promotion of coalition goals. By January 31, 2005, 80% of key stakeholders and local elected officials will have an understanding of social norms in their community through participation in discussion, training and other forms of communication. By 5/30/05 state officials will have an understanding By 5/30/06 Nebraska national officials will have an understanding	Strategies: To educate key leadership re: The Coalition’s vision, goals and projects. Activities: Develop new official orientation packet Speak at three civic leader group events annually. Make presentations to City-County Commissioners and the School Board. Keep all elected officials updated on legislation regarding substance abuse.	Plan: Coalition members in year 1 will prepare information to targetted local elected officials Coordinator will compile orientation packets by Fall 2004 Coordinator will conduct lunch/breakfast meetings for civic groups by July 2005 Coalition members and project coordinator will make presentations when calendars permit Coordinator will create and maintain leadership database Coordinator will provide legislative alert bulletins on Substance Abuse for 3 months while in session. Year 2—Repeat with State leadership Year 3—Repeat with National leadership Outputs: Orientation Packets Speakers Bureau Outline Legislative updates Database of local, state, and national officials to track their level of support
	Increase the size and participation of the Malcolm Parent Group by 20%	By Fall 2005, Malcolm’s Parent Group reaches over 80 and seeks it own grant.	Strategies: Strengthen Malcolm’s Parents Organization to become a strong Prevention Coalition. Activities: Conduct monthly fun and informational meetings Review the Logic Model with the parent group Secure parents to assist with program implementation	Plan: By June 2005 Malcolm’s Coalition will be operative under the direction of the identified chairwoman By reapplication deadline for Year 2 SICA funds the Malcolm coalition may be able to submit their own plan—June 2005 Leaders of Malcolm parent groups will schedule meetings and activities Parent group will develop Program Implementation plans Outputs: Number of meetings held Prevention strategies will be planned and implemented Funding reapplication will be completed

Building A Stronger Prevention Coalition

C: PROCESS				
Step 1: Mission:	To reduce the use of alcohol, tobacco and other illicit drugs among Lancaster County youth ages 12-17 and to strengthen collaboration with support coalition activities.			
Step 2: Assessment	In the past, the prevention efforts have focused on the six federal strategies for substance abuse prevention programs. System members have done an excellent job selecting programs that are based on these strategies with some limited research based principals (i.e. asset building and resiliency). However, <u><i>we lack knowledge regarding actual researched program curricula of science based or promising strategies.</i></u> The prevention coalition has engaged in planning processes in the past only when new strategies were planned or when new funding was available. Sustainability planning was limited to specific projects and dollars. Key sustainability activities have been developed but <u><i>the coalition has not taken steps to implement the sustainability plan.</i></u>			
Step 3: Key Areas for Development	1. The prevention system does not currently consider evidence based approaches (environmental and individual) as the first option when selecting and implementing prevention strategies. 2. The prevention system needs to implement key activities of the coalition's sustainability plan.			
STEP 4 GOALS	STEP 5 OBJECTIVES	STEP 6 OUTCOMES and OUTCOME INDICATORS	STEP 7 STRATEGIES AND ACTIVITIES	STEP 8 IMPLEMENTATION PLAN AND OUTPUTS
4.To increase effectiveness of the prevention system.	By 5/30/07 100% of prevention system member will have knowledge about evidence based approaches and enable them to make informed decisions when considering and implementing new prevention programs	By April 30, 2005 80% of prevention systems members will be familiar with the definition of evidenced and best practice approaches By June 2006, 90% will have been trained By June 2007, all 100% old and new prevention partners will be trained	Strategies: Educate prevention system members about evidence and best practice approaches Activities: Duplicate and disseminate lists of all evidence-based and best practice approaches to members Train members on evidence and best practice approaches and way to independently research such approaches in bi-annual training sessions Provide quarterly training on newly approved evidence and best practice approaches	Plan: Evidence and best practice approach trainings will be planned by the project coordinator and held semi-annually for the period of June 1, 2004 through November 31, 2004 and December 1, 2004 through May 30, 2005 Coalition coordinator will develop matrix and mailing lists and will be completed by May 30, 2005 Newly approved evidence and best practice approaches will be presently at trainings which are planned by the project coordinator and held quarterly for: June 1 through Augusts 31, 2004; September 1, through November 31, 2004; December 1, 2004 through February 29, 2005 and March 1, through Mary 30, 2005. These will be repeated in subsequent years. Outputs: A matrix listing all local evidence and best practice approaches Number of members who understand how to use the Approach Matrix Curriculum created to be used for scheduled training of prevention system members Number of prevention system members who are updated quarterly on newly approved evidence and best practice approaches Roster of prevention system members who have attended training.

<p>2. To increase the cultural competence of prevention system members, staff and services</p>	<p>Provide the Prevention Coalition members the opportunity for cultural competency training</p> <p>Increase the prevention system's knowledge of all aspects of cultural and linguistically appropriate services.</p>	<p>By June, 30, 2007, 90% of coalition members who are providers of prevention services will meet national standards for culturally competent and linguistically appropriate services</p> <p>75% by June 30, 2005</p> <p>80% by June 30, 2006</p>	<p>Strategy: Adopt national culturally and linguistically appropriate accreditation standards</p> <p>Activities: Train all individuals working within the prevention system on culturally and linguistically appropriate standards</p> <p>Encourage interagency adoption of a policy to make training on the standards a requirement for all new hires within the first three months of employment</p> <p>Evaluate prevention programming and services to ensure they are culturally and linguistically appropriate and available</p>	<p>Plan:</p> <p>1.Region V Staff will identify training protocol and trainer for new hires by October 31, 2004</p> <p>2.Region V will facilitate the first trainer training to be held by December 30, 2004</p> <p>3.Newly trained agency trainers will begin training for new hires by January 31, 2005</p> <p>4.Region V trainer will offer trainings semi-annually as needed.</p> <p>5.New training protocol adopted by 33% of local prevention system members by January 31, 2005 (60% by 11/30/05, 80% by 6/30/06)</p> <p>Outputs: Scheduled trainings on culturally and linguistically appropriate services</p> <p>Number of "Train the Trainers" trained</p> <p>Number of staff trained</p> <p>Number of agencies adapting training protocol for new hires</p> <p>Number of culturally and linguistically appropriate prevention programs and services</p> <p>Number of agencies that have adopted the training program</p>
--	--	---	---	--

<p>5.To increase sustainability of the coalition by the following:</p> <p>5a.To increase members' participation level.</p>	<p>Increase the active involvement of key prevention system members in the Coalition meetings</p>	<p>By December 2004, 85% of key prevention systems members will be involved in Coalition activities.</p> <p>Year 2004-05 focus on clergy and ethnic centers increasing their involvement by from 2-5 (100%).</p> <p>Year 2005-06 focus on business sector. Increase membership from 0-4.</p> <p>By June 2005, our Coalition's ethnic diversity will increase from 5-10 (100%).</p>	<p style="text-align: center;">SUSTAINABILITY</p> <p>Strategies: Secure the commitment of a minimum of 85% of key members to be actively involved in the implementation, monitoring and maintenance of the sustainability plan and coalition activities</p> <p>Activities: Complete a systems member matrix to develop specific strategies and approaches to engage interest and attract the active involvement of members</p> <p>Meet with prevention system members to solicit commitment</p> <p>Contact prevention system members not present at the meeting via email to solicit commitment</p> <p>Generate and complete a Memorandum of Understanding (MOU) from a minimum of 65% of key prevention system members ensuring their commitment and participation in at least 50% of the planned review meetings.</p>	<p>Plan: Region V staff will develop the system member matrix with specific ideas to engage the interest of individual key members and will be completed by December 31, 2004</p> <p>Coordinator will meet with prevention system members to garner commitment and document response and interest and will be completed from January 1, 2005, through January 15, 2006</p> <p>January 15, to February 15, 2005, MOU's and a list of planned review meetings will be dispersed to prevention system members by the project coordinator. At least 65% of key prevention system members will commit to attend at least 50% of planned review meetings</p> <p>Coalition is at full appropriate capacity by June, 2007</p> <p>Outputs:</p> <p>Memorandum of Understanding (MOU) signed</p> <p>Committed prevention system members who actively participate in implementing, monitoring, and maintaining the sustainability plan</p> <p>Quarterly meetings will document programs with data</p>
<p>5b.To increase our community visibility.</p>	<p>Increase the number of opportunities to illustrate Coalition success, like newspaper, TV, luncheons, etc.</p> <p>Increase information dissemination by putting "The Prevention Coalition" brand on every ad or project we do.</p>	<p>By June 2007, the Prevention Coalition will be a household word.</p>	<p>Strategies: To use multi-media and community organization methods to engage community.</p> <p>Activities: Billboards, radio, TV, and handouts about the Prevention Coalition</p> <p>Form a Public Relations Committee</p> <p>Members can do public speaking regarding substance abuse prevention.</p> <p>Put Prevention Coalition message on ads and projects</p>	<p>Plan: The Coalition will be self sufficient and the programs it funds will thrive or end as funded or needed by June 2007</p> <p>Snitily Carr and coalition members will develop logo, motto and other key identity pieces for the Coalition brand</p> <p>Coordinator and volunteers will develop Speakers Bureau outline</p> <p>Snitily Carr and coalition members will produce comprehensive marketing plan</p> <p>Outputs: Marketing plan</p> <p>Number of brand identity pieces developed</p> <p>Number of ethnic minority members who sign MOU's</p> <p>Speakers Bureau operational</p>
<p>5c. To increase our financial base</p>	<p>Increase income for substance abuse prevention by 5% over the next year and 10% over the next 3.</p>	<p>The Prevention Coalition will have raised \$461,500 (in 2004) to \$1,025,000</p>	<p>Strategies: To seek funding from a diverse funding base of options – state, federal, and local.</p> <p>Activities: Explore SAMHSA, US Dept. of Ed., US Dept. of Labor,</p>	<p>Plan: Grants will be written to federal agencies</p> <p>Approach local funders with prevention plans</p>

		<p>million by 2007.</p> <p>\$600,000 in 2005</p> <p>\$800,000 in 2006</p> <p>\$1,025,000 in 2007</p>	<p>Homeland Security, etc.</p> <p>Explore national foundations addressing substance abuse prevention.</p> <p>Form partnerships with local funders and elected officials</p> <p>Write at least 3 successful grants in the next year.</p> <p>Explore membership and donor programs also in year 2 and 3.</p>	<p>Outputs:</p> <p>Number of visible programs with evidence based results</p> <p>Number of successfully funded grant applications</p> <p>Human Services Administrator who has raised \$25,000,000+ for projects will identify specific and promising sources</p> <p>More specific information about the sustainability plan can be found in the narrative pages 60-63.</p>
--	--	--	--	---